STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910251	12/11/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Indian Oaks Manor	11355 131st Street N Largo, FL 33774	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tag Cited:

St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= B

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced limited nursing services (LNS) monitoring visit was conducted on /

The Indian Oaks Manor, assisted living facility, had a deficiency at the time of the visit..

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observations and interview, the facility failed to post the required hotline poster in the common area accessible to all residents. This poster includes phone numbers to government agencies that are available to report and general complaints.

Findings include:

Observations of the facility on at approximately 11:00am to 1:45pm revealed that the required poster with the phone numbers of government programs that are available to report and general complaints was not posted in any of the common areas.
Interview with the administrator on at approximately 1:40pm revealed that she believed that the and other signs were taken down when the walls were repainted and they were not put back up.
Observation of the administrator on / at approximately 1:45pm revealed that she printed the required poster off of her computer. The resident care coordinator placed the required poster next to the entrance. She stated she will post another one in the other common area.

Class

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Indian Oaks Manor
11355 131st Street N
Largo, FL 33774

Dear Administrator:

This letter reports the findings of a limited nursing services (LNS) monitoring visit that was conducted on , 2013, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFEs, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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