

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/26/2013

FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910071	(X3) DATE SURVEY COMPLETED 12/18/2013
NAME OF PROVIDER OR SUPPLIER Oakland Manor	STREET ADDRESS, CITY, STATE, ZIP CODE 2812 N. Nebraska Avenue Tampa, FL 33602	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0007-Admissions - Criteria-12/18/2013

0079-Staffing Standards - Levels-12/18/2013

0085-Training - Nutrition & Food Service-12/18/2013

L241-Lmh - Records-12/18/2013



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 27, 2013

Administrator
Oakland Manor
2812 N. Nebraska Avenue
Tampa, FL 33602

Re: Revisit & CCR# 2013011301

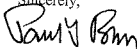
Dear Administrator:

This letter reports the findings of a state licensure revisit survey and a complaint survey completed on December 18, 2013, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, indicating the deficiencies were corrected relative to the revisit and no deficiencies were identified during this complaint 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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

