



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 31, 2014

Administrator
Oakwood Assisted Living Facility
4407 Millwood Road
Spring Hill, FL 34608

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on March 28, 2014 by a representative of this office. Enclosed is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kristi J. Mennella
Field Office Manager

KJM/amw

Enclosure



AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/31/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967186	(X3) DATE SURVEY COMPLETED 03/28/2014
NAME OF PROVIDER OR SUPPLIER Oakwood Assisted Living Facility	STREET ADDRESS, CITY, STATE, ZIP CODE 4407 Millwood Road Spring Hill, FL 34608	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On 03/28/2014, an unannounced state licensure survey for **bed increase** was conducted at Oakwood Assisted Living Facility in Spring Hill Florida. No discernible deficiencies were identified as a result of this survey. The facility was in compliance at this time.