

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/31/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968413	(X3) DATE SURVEY COMPLETED 03/24/2014
NAME OF PROVIDER OR SUPPLIER Plantation Oaks Senior Living	STREET ADDRESS, CITY, STATE, ZIP CODE 9309 S Orange Blossom Trail Orlando, FL 32837	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An unannounced compliance survey CCR#2014002518 was conducted at Plantation Oaks Senior Living- Assisted Living Facility, 9309 S Orange Blossom Trail, Orlando, FL 32837 on March 14, 2014.

There were no discernible deficiencies identified at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 31, 2014

Administrator
Plantation Oaks Senior Living
9309 S Orange Blossom Trail
Orlando, FL 32837

Re: CCR #2014002518

Dear Administrator:

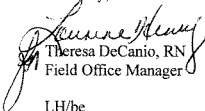
This letter reports the findings of a complaint survey completed on March 24, 2014 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

