STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942940	**07/17/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
South Oaks Assisted Living Home, LLC	**6141 Sw 34th Street Miramar, FL 33023**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced capacity increase survey, from 8 beds to 10 beds, was conducted on 07/17/14 at South Oaks Assisted Living Home. The facility had no licensure deficiencies found at the time of the visit.

This survey was conducted in conjunction with the initial Extended Congregate Care (ECC) survey on the same date. Please refer to separate report for findings.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 24, 2014

Administrator
South Oaks Assisted Living Home, LLC
6141 Sw 34th Street
Miramar, FL 33023

Dear Administrator:

This letter reports findings of a state Capacity survey that was conducted on July 17, 2014 by a representative of this office. Attached 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/
Enclosure

1GGN

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