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|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11942940</b>                     | (X3) DATE SURVEY COMPLETED<br><br><b>07/17/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>South Oaks Assisted Living Home,<br/>LLC</b>                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>6141 Sw 34th Street<br/>Miramar, FL 33023</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(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

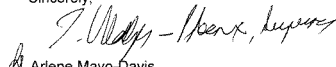
Dear Administrator:

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

