

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965667	(X3) DATE SURVEY COMPLETED 08/05/2014
NAME OF PROVIDER OR SUPPLIER Arbor Oaks At Greenacres	STREET ADDRESS, CITY, STATE, ZIP CODE 3400 Jog Rd Greenacres, FL 33467	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced complaint survey, CCR# 2014004943 and CCR# 2014004568, was conducted on 7/24/14-8/5/14 at Arbor Oaks at Greenacres. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 03, 2014

Administrator
Arbor Oaks At Greenacres
3400 Jog Rd
Greenacres, FL 33467

RE: CCR #2014004568 and #2014004943

Dear Administrator:

This letter reports the findings of a Complaint Survey completed on August 5, 2014 by a representative from 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 representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/jw
Enclosure

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