

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911682	(X3) DATE SURVEY COMPLETED 09/04/2014
NAME OF PROVIDER OR SUPPLIER Oak Haven	STREET ADDRESS, CITY, STATE, ZIP CODE 9040 Star Trail New Port Richey, FL 34654	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A biennial state licensure survey with extended congregate care (ECC) and limited mental health (LMH) services was conducted on 9/4/14.

The Oak Haven, assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 15, 2014

Administrator
Oak Haven
9040 Star Trail
New Port Richey, FL 34654

Dear Administrator:

This letter reports findings of a biennial state licensure survey with extended congregate care (ECC) and limited mental health (LMH) that was conducted on September 4, 2014, by representative(s) 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

