STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967667	**09/02/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Oak Valley Alf	**4488 Hwy 79 Vernon, FL 32462**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On September 2, 2014 an unannounced complaint investigation (CCR 2014007427) was conducted at Oak Valley Assisted Living Facility with Limited Mental Health. At the time of the survey, the facility was in compliance with the requirements for Assisted Living Facilities.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 9, 2014

Administrator
Oak Valley Alf
4488 Hwy 79
Vernon, FL 32462

RE: CCR #2014007427

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 2, 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. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 me at 850-412-4540.

Sincerely,

for Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure

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Tallahassee Field Office
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