

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910845	(X3) DATE SURVEY COMPLETED 11/05/2014
NAME OF PROVIDER OR SUPPLIER Oakwood East Retirement Center	STREET ADDRESS, CITY, STATE, ZIP CODE 1210 East Oakwood Tarpon Springs, FL 34689	
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 was conducted on 11/5/14.

Oakwood East had no deficiencies at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 10, 2014

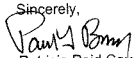
Administrator
Oakwood East Retirement Center
1210 East Oakwood
Tarpon Springs, FL 34689

Dear Administrator:

This letter reports findings of a biennial state licensure survey that was conducted on November 5, 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,

Patricia Reid Cauffman
Field Office Manager

for

PRC/clt
Enclosure: State (5000-3547) Form

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