

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966016	(X3) DATE SURVEY COMPLETED 10/22/2014
NAME OF PROVIDER OR SUPPLIER Royal Oaks Manor	STREET ADDRESS, CITY, STATE, ZIP CODE 1833 Seminole Blvd Largo, FL 33778	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced complaint survey, CCR# 2014007608, was conducted on 10/22/14, in conjunction with a biennial state licensure survey.

The Royal Oaks Manor, assisted living facility, had a deficiency at the time of this visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 31, 2014

Administrator
Royal Oaks Manor
1833 Seminole Blvd
Largo, FL 33778

RE: CCR #2014007608 & Biennial State Licensure Survey

Dear Administrator:

This letter reports the findings of a complaint survey and a biennial state licensure survey that was conducted on October 22, 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your 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 272-552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

for

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

