STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967991	**12/04/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Grand Oaks	**203 Se 2nd Street Okeechobee, FL 34974**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-12/04/2014
0052-Medication - Assistance With Self-Admin-12/04/2014
0054-Medication - Records-12/04/2014
0056-Medication - Labeling And Orders-12/04/2014
0078-Staffing Standards - Staff-12/04/2014
0093-Food Service - Dietary Standards-12/04/2014

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up to Licensure survey was conducted on 12/04/14 at Grand Oaks. There were no deficiencies found during this revisit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 8, 2014

Administrator
Grand Oaks
203 SE 2nd Street
Okeechobee, FL 34974

RE: Relicensure Survey Revisit

Dear Administrator:

This letter reports the findings of a state Relicensure survey revisit conducted on December 4, 2014 by a representative of this office. Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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