



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 4, 2015

Administrator
Spring Oaks
7251 Grove Road
Brooksville, FL 34613

Re: CCR #2014010277

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on February 20, 2015 by a representative of this office.

Enclosed 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 surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Krista J. Mennella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966595	(X3) DATE SURVEY COMPLETED 02/20/2015
NAME OF PROVIDER OR SUPPLIER Spring Oaks	STREET ADDRESS, CITY, STATE, ZIP CODE 7251 Grove Rd Brooksville, FL 34613	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0077-Staffing Standards - Administrators-02/20/2015

0000-Initial Comments

An unannounced licensure complaint revisit survey, CCR #201410277 was conducted on February 20, 2015 at Spring Oaks Assisted Living Facility. No deficient practice was identified at the time of the visit. Previously cited deficiency was cleared.