

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966170	(X3) DATE SURVEY COMPLETED 03/02/2015
NAME OF PROVIDER OR SUPPLIER Laurel Oaks	STREET ADDRESS, CITY, STATE, ZIP CODE 3809 Capper Rd Jacksonville, FL 32218	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-03/02/2015
 0053-Medication - Administration-03/02/2015
 0078-Staffing Standards - Staff-03/02/2015
 0081-Training - Staff In-Service-03/02/2015
 0082-Training - Hiv/aids-03/02/2015
 0083-Training - First Aid And Cpr-03/02/2015
 0085-Training - Nutrition & Food Service-03/02/2015



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 3, 2015

Administrator
Laurel Oaks
3809 Capper Road
Jacksonville, FL 32218

Dear Administrator:

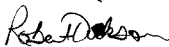
This letter reports the findings of a state licensure survey revisit conducted on March 2, 2015 by a representative of this office.

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.

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 (904) 798-4201.

Sincerely,


for Jana Meyering
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JD/JM/sm
Enclosure

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