

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967667	(X3) DATE SURVEY COMPLETED 03/23/2015
NAME OF PROVIDER OR SUPPLIER Oak Valley Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 4488 Hwy 79 Vernon, FL 32462	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Limited Nursing Services Monitoring visit was conducted at Oak Valley Assisted Living Facility located in Vernon, FL on 3/23/2015. No deficient practice was identified during the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 25, 2015

Administrator
Oak Valley ALF
4488 Hwy 79
Vernon, FL 32462

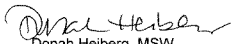
Dear Administrator:

This letter reports findings of a state licensure survey (LNS Monitoring) that was conducted on March 23, 2015 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 me at 850-412-4540.

Sincerely,


Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

1GGN

