

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/01/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964739	(X3) DATE SURVEY COMPLETED 04/15/2015
NAME OF PROVIDER OR SUPPLIER OAK TREE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 7770 128TH STREET N SEMINOLE, FL 33776	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

Assisted Living Facility

Two unannounced complaint surveys, CCR# 2015000734 & CCR# 2015003036, were conducted on 4/15/15.

Oak Tree Manor, assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

May 1, 2015

Administrator
Oak Tree Manor
7770 128th Street N
Seminole, FL 33776

RE: CCR #2015000734 and CCR #2015003036

Dear Administrator:

This letter reports the findings of a complaint survey completed on April 15, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

For

Patricia Reid Kaufman
Field Office Manager

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

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