

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/09/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965330	(X3) DATE SURVEY COMPLETED 06/03/2015
NAME OF PROVIDER OR SUPPLIER ARCADIA OAKS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1013 EAST GIBSON STREET ARCADIA, FL 34266	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

An unannounced Biennial Relicensure survey was conducted 6/3/15 through 6/4/15 at Arcadia Oaks, an Assisted Living Facility (ALF) in Arcadia, Florida.

No deficiencies were found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 10, 2015

Administrator
Arcadia Oaks Assisted Living
1013 East Gibson Street
Arcadia, FL 34266

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on June 3, 2015 by representatives 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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