

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/17/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953352	(X3) DATE SURVEY COMPLETED 08/05/2015
NAME OF PROVIDER OR SUPPLIER DIXIE OAK MANOR, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 6410 OLD DIXIE HWY VERO BEACH, FL 32967	

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

0000 Initial Comments

An unannounced complaint survey, CCR #2015005326 was conducted on August 5, 2015. Dixie Oak Manor, LLC had no deficiencies found at the time of the visit.

A follow-up visit to the Relicensure survey was conducted in conjunction with the above survey on the same date. Please refer to the separate report for the findings.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

August 17, 2015

Administrator
Dixie Oak Manor, LLC
6410 Old Dixie Hwy
Vero Beach, FL 32967

RE: CCR #2015005326

Dear Administrator:

This letter reports the findings of a Complaint Survey completed on August 5, 2015 by a representative from 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 representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,


Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

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