

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/08/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968064	(X3) DATE SURVEY COMPLETED 08/25/2015
NAME OF PROVIDER OR SUPPLIER EL OASIS ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 6612 NORTH HALE AVE TAMPA, FL 33614	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 Initial Comments Assisted Living Facility An unannounced biennial state licensure survey was conducted on 8/25/15. EL Oasis ALF INC, had no deficiencies at the time of the visit.		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 8, 2015

Administrator
El Oasis ALF
6612 North Hale Ave
Tampa, FL 33614

Dear Administrator:

This letter reports findings of a biennial state licensure survey that was conducted on August 25, 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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,
for 
Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

