

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/25/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968780	(X3) DATE SURVEY COMPLETED 11/17/2015
NAME OF PROVIDER OR SUPPLIER WEST OAK ASSISTED LIVING FACILITY, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 4122 W MAIN ST MIMS, FL 32754	

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

0000 Initial Comments

An Extended Congregate Care (ECC) and Limited Nursing Services (LNS) monitoring visit was conducted at West Oak Assisted Living Facility (ALF) on 11/17/15. West Oak ALF had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 25, 2015

Administrator
West Oak Assisted Living Facility, LLC
4122 W Main St
Mims, FL 32754

RE: ECC/LNS monitoring visit

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on November 17, 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 Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

1GGN

