

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910842	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2015
NAME OF PROVIDER OR SUPPLIER OAKS OF CLEARWATER, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 420 BAY AVENUE CLEARWATER, FL 33756		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments	A 000		
	ASSISTED LIVING FACILITY			
	On December 18, 2015, a biennial relicensure survey with limited nursing services (LNS) was conducted at The Oaks of Clearwater assisted living facility. There was no deficient practice identified during the survey.			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/23/2015
FORM APPROVED

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NAME OF PROVIDER OR SUPPLIER OAKS OF CLEARWATER, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 420 BAY AVENUE CLEARWATER, FL 33756	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

On December 18, 2015, a biennial relicensure survey with limited nursing services (LNS) was conducted at The Oaks of Clearwater assisted living facility. There was no deficient practice identified during the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUKE
SECRETARY

December 23, 2015

Administrator
Oaks Of Clearwater, The
420 Bay Avenue
Clearwater, FL 33756

Dear Administrator

This letter reports findings of a biennial state licensure survey with limited nursing services (LNS) that was conducted on December 18, 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 Caulman
Field Office Manager

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

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