



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

January 6, 2016

Administrator
Mission Oaks
10780 North US Highway 301
Oxford, FL 34484

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on December 23, 2015 by a representative of this office.

Enclosed is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

DT9D



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/05/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967831	(X3) DATE SURVEY COMPLETED R 12/23/2015
NAME OF PROVIDER OR SUPPLIER MISSION OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 10780 N US HWY 301 OXFORD, FL 34484	

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

0000 Initial Comments

On December 23, 2015 a follow-up to a complaint survey (2015007060) was conducted at Mission Oaks assisted living facility. No deficient practice was observed. The previously cited deficiencies were cleared.