

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 02/12/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967788	(X3) DATE SURVEY COMPLETED 02/04/2016
NAME OF PROVIDER OR SUPPLIER ARBOR OAKS AT LAKELAND HILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 4141 LAKELAND HILLS BLVD LAKELAND, FL 33805	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 Initial Comments Assisted Living Facility An unannounced Biennial licensure survey was conducted on 2/4/16. The Arbor Oaks at Lakeland Hills, Assisted Living Facility, had no deficiencies at the time of this visit.		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 12, 2016

Administrator
Arbor Oaks At Lakeland Hills
4141 Lakeland Hills Blvd
Lakeland, FL 33805

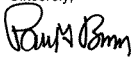
Dear Administrator:

This letter reports findings of a biennial state licensure survey that was conducted on February 4, 2016 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/clt
Enclosure

1GGN

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