STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965667	02/09/2016
NAME OF PROVIDER OR SUPPLIER **ARBOR OAKS AT GREENACRES**	STREET ADDRESS, CITY, STATE, ZIP CODE **3400 JOG RD** **GREENACRES, FL 33467**	

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

0000 Initial Comments

On 2/4-2/9/2016 an unannounced complaint investigation (2016001166) was conducted at Arbor Oaks at Green Acres. At the time of the investigation no deficiencies were found.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 19, 2016

Administrator
Arbor Oaks At Greenacres
3400 Jog Rd
Greenacres, FL 33467

RE: CCR #2016001166

Dear Administrator:

This letter reports the findings of a complaint survey completed on February 9, 2016 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State 5000-3547

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