STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932515	**02/26/2016**
NAME OF PROVIDER OR SUPPLIER **OAKVIEW TERRACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7220 BAILLIE DRIVE NEW PORT RICHEY, FL 34653**	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

On February 25, 2016 to February 26, 2016, a biennial relicensure survey with extended congregate care (ECC) services and limited nursing services (LNS) was conducted at Oakview Terrace assisted living facility. Oakview Terrace had no deficient practice identified during the surveys.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 3, 2016

Administrator
Oakview Terrace
7220 Baillie Drive
New Port Richey, FL 34653

Dear Administrator:

This letter reports findings of a state licensure survey with limited nursing services (LNS) and extended congregate care (ECC) that was conducted on February 26, 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 Caufman
Field Office Manager

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

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St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

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