

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/03/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968262	(X3) DATE SURVEY COMPLETED 02/23/2016
NAME OF PROVIDER OR SUPPLIER GARDEN OASIS ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 515 HICKORY LAKE DR BRANDON, FL 33511	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

On February 23, 2016, a change of ownership (CHOW) survey with limited mental health (LMH) was conducted at Garden Oasis ALF. There was no deficient practice identified during the surveys.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 3, 2016

Administrator
Garden Oasis ALF
515 Hickory Lake Dr
Brandon, FL 33511

Dear Administrator:

This letter reports findings of a change of ownership (CHOW) state licensure survey with limited mental health (LMH) that was conducted on February 23, 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 Kaufman
Field Office Manager

PRC/clt
Enclosure

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