



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 4, 2016

Administrator
Shp Iv Heritage Oaks
4501 Shannon Lakes Drive West
Tallahassee, FL 32308

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on March 22, 2016 by representatives 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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,


Donah Heiberg
Field Office Manager

DH/dh
Enclosure

1GGN

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**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965421	(X3) DATE SURVEY COMPLETED 03/22/2016
NAME OF PROVIDER OR SUPPLIER SHP IV HERITAGE OAKS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 4501 SHANNON LAKES DRIVE WEST TALLAHASSEE, FL 32308	

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

0000 Initial Comments

On 3/22/16 an unannounced Biennial Survey was conducted at SHP IV Heritage Oaks Assisted Living Facility. At the time of survey there were no deficiencies identified.