

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/28/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910842	(X3) DATE SURVEY COMPLETED 04/18/2016
NAME OF PROVIDER OR SUPPLIER OAKS OF CLEARWATER, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 420 BAY AVENUE CLEARWATER, FL 33756	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 Initial Comments Assisted Living Facility Two complaint investigations (CCR# 2016002214 and CCR# 2016001049) were conducted at The Oaks of Clearwater on 4/18/16. The Oaks of Clearwater, Assisted Living Facility, had no deficiencies at the time of the visit.		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 28, 2016

Administrator
Oaks of Clearwater, The
420 Bay Avenue
Clearwater, FL 33756

RE: CCR# 2016002214 & 2016001049

Dear Administrator:

This letter reports the findings of two complaint surveys completed on April 18, 2016, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, indicating no deficiencies were identified during these surveys.

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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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