

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/19/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964739	(X3) DATE SURVEY COMPLETED 05/12/2016
NAME OF PROVIDER OR SUPPLIER OAK TREE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 7770 128TH STREET N SEMINOLE, FL 33776	

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

0000 Initial Comments

Assisted Living Facility

A survey for Capacity Increase of 15 beds (from 39 to 54 beds) was conducted on 5/12/16.

The Oak Tree Manor, Assisted Living Facility, had no deficiencies at the time of this visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 19, 2016

Administrator
Oak Tree Manor
7770 128th Street N
Seminole, FL 33776

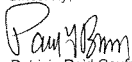
Dear Administrator:

This letter reports findings of a capacity increase (CAP) that was conducted on May 12, 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 Caulman
Field Office Manager

PRC/dlt

Enclosure: State (5000-3547) Form

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