RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 31, 2016

Administrator
Oakridge Assisted Living Facility
297 SW County Road 300
Mayo, FL 32066

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on May 18, 2016 by representatives of this office. Enclosed 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 this office at (386) 462-6201.

Sincerely,

Charles Berry for

Kriste J. Mennella
Field Office Manager

KJ/amw
Enclosure

1GGN

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965486	**05/18/2016**
NAME OF PROVIDER OR SUPPLIER **OAKRIDGE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **297 SW COUNTY ROAD 300** **MAYO, FL 32066**	

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

0000 Initial Comments

On May 17, 2016 through May 18, 2016 a biennial licensure was conducted at Oakridge Assisted Living Facility, facility license number 9863. No deficient practice was identified. The facility was in compliance at this time.