

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 08/10/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910844	(X3) DATE SURVEY COMPLETED 07/26/2016
NAME OF PROVIDER OR SUPPLIER OAK MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3600 OAK MANOR LANE LARGO, FL 33774	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 Initial Comments Assisted Living Facility A biennial state licensure survey was conducted at Oak Manor Assisted Living Facility on 7/25/16 and 7/26/16. Oak Manor, Assisted Living Facility, had no deficiencies at the time of survey. (License # 7150)		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 10, 2016

Administrator
Oak Manor
3600 Oak Manor Lane
Largo, FL 33774

Dear Administrator:

This letter reports findings of a biennial state licensure survey that was conducted on July 26, 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,


Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

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