

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 09/15/2016  
FORM APPROVED

|                                                      |                                                                                               |                                                     |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                            | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11911682</b>                   | (X3) DATE SURVEY COMPLETED<br><br><b>09/13/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>OAK HAVEN</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>9040 STAR TRAIL<br/>NEW PORT RICHEY, FL 34654</b> |                                                     |

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

**0000 Initial Comments**

Assisted Living Facility

An abbreviated biennial re-licensure survey was conducted at Oak Haven, Assisted Living Facility, on 09/13/16. Deficient practice was not identified during the survey.

(License # 7684)



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 15, 2016

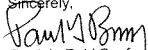
Administrator  
Oak Haven  
9040 Star Trail  
New Port Richey, FL 34654

Dear Administrator:

This letter reports findings of a biennial state licensure survey that was conducted on September 13, 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 Kaufman  
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

1GGN

