

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 09/28/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910842	(X3) DATE SURVEY COMPLETED 09/20/2016
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

On 9/20/16, an unannounced complaint survey, (CCR# 2016007484), was conducted at Oaks of Clearwater. Oaks of Clearwater, Assisted Living Facility, had no deficient practice at the time of the survey.

(License # 4818)



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 28, 2016

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

RE: CCR# 2016007484

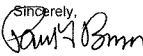
Dear Administrator:

This letter reports the findings of a complaint survey completed on September 20, 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 this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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,

For Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure:

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