

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/26/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966016	(X3) DATE SURVEY COMPLETED 10/17/2016
NAME OF PROVIDER OR SUPPLIER ROYAL OAKS MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1833 SEMINOLE BLVD LARGO, FL 33778	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

On October 17, 2016, a biennial re-licensure survey was conducted at Royal Oaks Manor assisted living facility. There was no deficient practice identified during the survey.

License #10292



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 26, 2016

Administrator
Royal Oaks Manor
1833 Seminole Blvd
Largo, FL 33778

Dear Administrator:

This letter reports findings of a biennial state licensure survey that was conducted on October 17, 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 Cauffman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

1GGN

