

|                                                   |                                                                                            |                                                     |
|---------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11967991</b>                | (X3) DATE SURVEY COMPLETED<br><br><b>01/09/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>GRAND OAKS</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>203 SE 2ND STREET<br/>OKEECHOBEE, FL 34974</b> |                                                     |

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

**0000 - Initial Comments**

An unannounced Abbreviated Relicensure with Limited Nursing Services (LNS) survey was conducted on January 9, 2017 at Grand Oaks (License #11944). The facility had no deficiencies identified at the time of the visit.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
INTERIM SECRETARY

January 11, 2017

Administrator  
Grand Oaks  
203 SE 2nd Street  
Okeechobee, FL 34974

**RE: Abbreviated survey with Limited Nursing  
Services (LNS)**

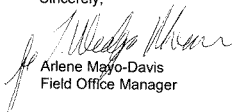
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on January 9, 2017 by representatives 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

  
Arlene Mayo-Davis  
Field Office Manager

AMD/dso  
Enclosure: State (5000-3547) form

1GGN

Delray Beach Field Office  
5150 Linton Boulevard, Suite 500  
Delray Beach, FL 33484  
Phone: (561) 381-5840; Fax: (561) 496-5924  
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida  
Youtube.com/AHCAFlorida  
Twitter.com/AHCA\_FL  
SlideShare.net/AHCAFlorida