

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/27/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966170	(X3) DATE SURVEY COMPLETED 09/27/2013
NAME OF PROVIDER OR SUPPLIER Laurel Oaks	STREET ADDRESS, CITY, STATE, ZIP CODE 3809 Capper Rd Jacksonville, FL 32218	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0167-Resident Contracts-09/27/2013



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 27, 2013

Administrator
Laurel Oaks
3809 Capper Rd
Jacksonville, FL 32218

Dear Administrator:

This letter reports the findings of a state licensure desk review conducted on September 27, 2013 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the desk review.

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. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

A handwritten signature in black ink, appearing to read "Keisha Woods", is written over a faint, circular, textured background.

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

KW/sm
Enclosure

