

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968722	(X3) DATE SURVEY COMPLETED 11/07/2014
NAME OF PROVIDER OR SUPPLIER Grand Oaks Of Jensen Beach	STREET ADDRESS, CITY, STATE, ZIP CODE 125 NW Jensen Beach Boulevard Hutchinson Beach, FL 34957	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An initial Assisted Living Facility licensure survey with Limited Nursing Services for a capacity of 66 residents was conducted on 11/07/14 at Grand Oaks of Jensen Beach. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

November 13, 2014

Administrator
Grand Oaks Of Jensen Beach
125 NW Jensen Beach Boulevard
Hutchinson Beach, FL 34957

RE: Initial Licensure Survey

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on November 7, 2014 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

