

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/06/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966170	(X3) DATE SURVEY COMPLETED 11/03/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

On November 3, 2015 a Limited Nursing Services (LNS) monitoring survey was conducted at Laurel Oaks. Deficient practice was not identified at the time of the survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

November 6, 2015

Administrator
Laurel Oaks
3809 Capper Rd
Jacksonville, FL 32218

Re: Limited Nursing Services

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on November 3, 2015 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 surveyor. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

GJJ/JM/sm
Enclosure

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