STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942940	R **02/10/2017**
NAME OF PROVIDER OR SUPPLIER **SOUTH OAKS ASSISTED LIVING HOME, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6141 SW 34TH STREET** **MIRAMAR, FL 33023**	

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

0000 - Initial Comments

An unannouced revisit survey was completed on 2/10/17 at South Oaks ALF. The facility had no deficiencies identified at the time of the survey.