STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967667	**03/07/2017**
NAME OF PROVIDER OR SUPPLIER **OAK VALLEY ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **4488 HWY 79** **VERNON, FL 32462**	

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

0000 - Initial Comments

Bienniel/with LMH
An unannounced abbreviated biennial survey with specialty limited mental health license was conducted at Oak Valley Assisted Living Facility from 3/6/17 to 3/7/17. At the time of survey there were no deficiencies identified.