STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911086	**04/14/2017**
NAME OF PROVIDER OR SUPPLIER **FIVE OAKS REST HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **611 OLD WELAKA ROAD** **WELAKA, FL 32193**	

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

0000 - Initial Comments

On 4/14/2017, a Limited Nursing Services (LNS) Monitoring Survey was conducted at Five Oaks Rest Home (facility license number 5705). There were no deficiencies at the time of the survey.