

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/09/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967831	(X3) DATE SURVEY COMPLETED R 04/26/2017
NAME OF PROVIDER OR SUPPLIER MISSION OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 10780 N US HWY 301 OXFORD, FL 34484	

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

0000 - Initial Comments

A desk review was conducted on 4/26/2017 as follow-up to a Limited Nursing Services (LNS) Monitoring Survey for Mission Oaks Assisted Living Facility (facility license number 11808). The previously cited deficiency was cleared as a result of the desk review.