STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966269	**05/25/2017**
NAME OF PROVIDER OR SUPPLIER **OAK HAMMOCK AT THE UNIVERSITY OF FLORIDA**	STREET ADDRESS, CITY, STATE, ZIP CODE **2680 SW 53 RD LANE** **GAINESVILLE, FL 32608**	

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

0000 - Initial Comments

On May 25, 2017, a Limited Nursing Services (LNS) Monitoring Survey was conducted at Oak Hammock at the University of Florida, in Gainesville. No deficient practice was identified during the survey. License #10493.