

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/15/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968298	(X3) DATE SURVEY COMPLETED 09/01/2017
NAME OF PROVIDER OR SUPPLIER MONASTERY OAKS, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1801 MONASTERY RD ORANGE CITY, FL 32763	

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

0000 - Initial Comments

An unannounced capacity increase survey was conducted at Monastery Oaks (Lic #12195) on September 1, 2017. There were not any deficiencies found at the time of the visit.