STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967011	R **09/06/2017**
NAME OF PROVIDER OR SUPPLIER **GARDENS AT OAKLAND (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **715 HULL ISLAND DR** **OAKLAND, FL 34787**	

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

0000 - Initial Comments

A revisit to the re-licensure survey was attempted on 8/23/2017. A revisit was conducted on 9/6/2017. The Gardens at Oakland Assisted Living (License# 11088) had no deficiencies at the time of the visits.