STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969209	**06/21/2017**
NAME OF PROVIDER OR SUPPLIER **MOORINGS PARK OAKSTONE AT GREY OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **2355 RUE DU JARDIN** **NAPLES, FL 34105**	

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

0000 - Initial Comments

An announced initial licensure survey was conducted on 6/21/17 at Moorings Park, Oakstone at Gray Oaks, an assisted living facility in Naples, Florida.

There were no deficiencies cited during this survey. Recommend licensure as requested.