STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968262	R **11/08/2017**
NAME OF PROVIDER OR SUPPLIER **GARDEN OASIS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **515 HICKORY LAKE DR** **BRANDON, FL 33511**	

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

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 11/08/17 to the biennial state licensure survey of 10/09/17. At the time of the desk review, it was determined that the previously cited deficiencies at Garden Oasis Assisted Living Facility had been corrected.

(License # 12249)