STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969093	**10/25/2017**
NAME OF PROVIDER OR SUPPLIER **GRAND OAKS OF PALM CITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3550 SW CORPORATE PKWY** **PALM CITY, FL 34990**	

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

0000 - Initial Comments

An unannounced Limited Nursing Services Monitoring visit was conducted on 10/25/17 at Grand Oaks of Palm City, license # AL12919. The facility had no deficiencies identified at the time of survey.