STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967011	**01/24/2018**
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 complaint investigation #2018000651 was conducted on . Gardens at Oakland (the), License#11088, had a deficiency at the time of the visit.

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on an interview with an assistant administrator, the facility failed to have its Comprehensive Emergency Management Plans (CEMP) approved by the local county emergency management agency.

Findings:

On at 11:35 a.m., the assistant administrator confirmed she did not have an approval letter for the facility CEMP.

Class III