STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966269	**01/18/2018**
NAME OF PROVIDER OR SUPPLIER **OAK HAMMOCK AT THE UNIVERSITY OF FLORIDA**	STREET ADDRESS, CITY, STATE, ZIP CODE **2680 SW 53 RD LANE** **GAINESVILLE, FL 32608**	

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

0000 - Initial Comments

On January 17&18th, 2018, an unannounced biennial abbreviated survey with Limited Nursing Service Monitoring was conducted at the Oak Hammock At the University of Florida (License #10493). No deficient practice was found at the time of the survey.

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