

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968621	(X3) DATE SURVEY COMPLETED 01/23/2018
NAME OF PROVIDER OR SUPPLIER EL OASIS ALF II	STREET ADDRESS, CITY, STATE, ZIP CODE 2806 W. KIRBY ST EGYPT LAKE, FL 33614	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility An unannounced biennial re-licensure survey, in conjunction with complaint survey, (CCR# 2017013391), was conducted on 01/23/2018 at El Oasis ALF II, (License # 12483), an assisted living facility located in Tampa, Florida. There were no deficiencies identified during the survey. (License # 12483)		