STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968298	**02/20/2018**
NAME OF PROVIDER OR SUPPLIER **MONASTERY OAKS, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1801 MONASTERY RD** **ORANGE CITY, FL 32763**	

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

0000 - Initial Comments

On 02/20/2018 an unannounced relicensure survey was conducted at Monastery Oaks, LLC Assisted Living (Lic. #12195). No deficiency was found at the time of the visit.