

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967831	(X3) DATE SURVEY COMPLETED C 02/19/2018
NAME OF PROVIDER OR SUPPLIER MISSION OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 10780 N US HWY 301 OXFORD, FL 34484	

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

0000 - Initial Comments

An unannounced complaint survey (CCR#2018001005) was conducted on 2/19/2018 at Mission Oaks Assisted Living in Oxford, Florida, license number 11808. No deficiencies were identified during the survey process.