STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967186	**04/03/2018**
NAME OF PROVIDER OR SUPPLIER **ANN'S HOUSE-OAKWOOD**	STREET ADDRESS, CITY, STATE, ZIP CODE **4407 MILLWOOD ROAD** **SPRING HILL, FL 34608**	

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

0000 - Initial Comments

On 4/3/2018, an unannounced Limited Nursing Services monitoring survey was conduced at Ann's House-Oakwood, license #11242. The facility was in compliance at the time of the survey.