

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/29/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967186	(X3) DATE SURVEY COMPLETED 05/21/2018
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

An unannounced complaint survey (CCR #2018004311) was conducted at Ann's House - Oakwood, License #1124, in Spring Hill, FL on May 21, 2018. Deficient practice was not identified at the time of the survey.