

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/23/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967011	(X3) DATE SURVEY COMPLETED R 10/10/2018
NAME OF PROVIDER OR SUPPLIER GARDENS AT OAKLAND (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 715 HULL ISLAND DR OAKLAND, FL 34787	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments 10/10/18 desk review conducted to complaint #2018000651. Gardens at Oakland, license # 11088, had no deficiencies at the time of the review.		