STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967186	**10/16/2018**
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 biennial re-licensure survey in with Limited Mental Health (LMH) survey in conjunction with Limited Nursing Services (LNS) monitoring survey was conducted on October 16,2018 at Ann's House -Oakwood Assisted Living Facility (License #11242), Spring Hill, FL. No deficient practice was identified at the time of the survey.