STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969421	**10/24/2018**
NAME OF PROVIDER OR SUPPLIER **OASIS RAQUEL ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3078 DREW WAY** **PALM SPRINGS, FL 33406**	

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

0000 - Initial Comments

An announced Initial Assisted Living Facility Licensure survey for a capacity of 6 was conducted on 10/24/2018 at Oasis Raquel ALF Inc. The facility had no deficiencies identified at the time of the survey.

During the Initial Licensure survey a Generator Monitor Review was conducted.