

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/04/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968474	(X3) DATE SURVEY COMPLETED R 11/20/2018
NAME OF PROVIDER OR SUPPLIER OAKMONTE VILLAGE OF LAKE MARY-CORDOVA	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 ROYAL GARDENS CIR LAKE MARY, FL 32746	

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

0000 - Initial Comments

A revisit to the generator monitoring visit was conducted on 11/20/18. Oakmonte Village of Lake Mary-Cordova Assisted Living Facility, License #12350 had no deficiencies at the time of the visit.