

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/03/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911086	(X3) DATE SURVEY COMPLETED R-C 10/03/2017
NAME OF PROVIDER OR SUPPLIER FIVE OAKS REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 611 OLD WELAKA ROAD WELAKA, FL 32193	

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

0000 - Initial Comments

A follow-up visit to a biennial survey was conducted on 10/3/2017 at Five Oaks Rest Home (facility license number 5705). No deficient practice was identified during follow-up survey.