| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910845** | R<br>**01/09/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**OAKWOOD EAST RETIREMENT CENTER** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1210 EAST OAKWOOD**<br>**TARPON SPRINGS, FL 34689** | |

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

**0000 - Initial Comments**

ASSISTED LIVING FACILITY

A follow-up to a 11/21/2018 biennial survey was conducted on 01/09/2019 for Oakwood East Retirement Center (license #4831). The previously cited deficiencies were found corrected via desk review.