STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968722	R **01/10/2019**
NAME OF PROVIDER OR SUPPLIER **GRAND OAKS OF JENSEN BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **125 NW JENSEN BEACH BOULEVARD** **JENSEN BEACH, FL 34957**	

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

0000 - Initial Comments

An unannounced Relicensure Revisit survey was conducted on 1/10/2019, as a desk review for Grand Oaks of Jensen Beach, License #12585. The facility corrected the outstanding deficiency at the time of the survey.