

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 02/04/2019  
FORM APPROVED

|                                                                                                                                                                                                                                                                                                    |                                                                                         |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11969209</b>             | (X3) DATE SURVEY COMPLETED<br><br><b>12/26/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MOORINGS PARK OAKSTONE<br/>AT GREY OAKS</b>                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2355 RUE DU JARDIN<br/>NAPLES, FL 34105</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                            |                                                                                         |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>An unannounced extended congregate care survey was conducted on 12/26/18 at Moorings Park Oakstone at Grey Oaks, an assisted living facility (license #13027) located in Naples, Florida.</p> <p>No deficiencies were found at the time of the visit.</p> |                                                                                         |                                                     |