

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/04/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969209	(X3) DATE SURVEY COMPLETED 12/26/2018
NAME OF PROVIDER OR SUPPLIER MOORINGS PARK OAKSTONE AT GREY OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 2355 RUE DU JARDIN NAPLES, FL 34105	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced complaint survey for CCR# 2018014818 was conducted 12/26/18 at Moorings Park Oakstone at Grey Oaks, an assisted living facility (license #13027) in Naples, Florida. The complaint contained 1 allegation, which was unsubstantiated. No deficiencies were found at the time of the visit.		