

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/18/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942940	(X3) DATE SURVEY COMPLETED R 02/01/2019
NAME OF PROVIDER OR SUPPLIER SOUTH OAKS ASSISTED LIVING HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 6141 SW 34TH STREET MIRAMAR, FL 33023	

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

0000 - Initial Comments

An unannounced Extended Congregate Care (ECC) Monitoring second revisit survey was conducted on 02/01/2019 at South Oaks Assisted Living Home, License #5855. The facility had corrected all previously cited deficiencies at the time of the survey.