STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967991	R **02/06/2019**
NAME OF PROVIDER OR SUPPLIER **GRAND OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **203 SE 2ND STREET** **OKEECHOBEE, FL 34974**	

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

0000 - Initial Comments

An unannounced revisit to the Relicensure survey was conducted on 02/06/2019 at Grand Oaks, License #11944. Previously cited deficiencies were found corrected.