

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/29/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911313	(X3) DATE SURVEY COMPLETED 03/19/2019
NAME OF PROVIDER OR SUPPLIER ALABAMA OAKS OF WINTER PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 1759 ALABAMA DRIVE WINTER PARK, FL 32789	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

An initial/reinstatement survey was conducted on 03/19/2019. Alabama Oaks of Winter Park, license #37, had no deficiencies related to the initial survey at the time of the visit.