STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967831	R-C **05/09/2019**
NAME OF PROVIDER OR SUPPLIER **MISSION OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **10780 N US HWY 301** **OXFORD, FL 34484**	

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

0000 - Initial Comments

A follow-up to complaint investigation survey (CCR #2018017742) was conducted by desk review for Mission Oaks Assisted Living Facility on May 9, 2019. Deficiencies were found to be corrected at the time of the survey.