STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967667	**05/02/2019**
NAME OF PROVIDER OR SUPPLIER **OAK VALLEY ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **4488 HWY 79** **VERNON, FL 32462**	

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

0000 - Initial Comments

An unannounced complaint survey for allegations contained within complaint #2019002536 was conducted on 5/2/19 at Oak Valley Assisted Living. A relicensure and limited mental health monitoring survey was conducted in conjunction. Deficient practice was identified with the relicensure survey.