

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/30/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968474	(X3) DATE SURVEY COMPLETED R 05/15/2019
NAME OF PROVIDER OR SUPPLIER OAKMONTE VILLAGE OF LAKE MARY-CORDOVA	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 ROYAL GARDENS CIR LAKE MARY, FL 32746	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A revisit to the re-licensure survey was conducted at Oakmonte Village of Lake Mary-Cordova on 5/15/19. Deficiencies were corrected at the time of the survey.		