

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/05/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932515	(X3) DATE SURVEY COMPLETED 05/22/2019
NAME OF PROVIDER OR SUPPLIER OAKVIEW TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 7220 BAILLIE DRIVE NEW PORT RICHEY, FL 34653	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A financial monitoring visit was conducted at Oakview Terrace on 5/22/2019. The facility had no deficiencies at the time of the survey.		