

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 02/07/2018  
FORM APPROVED

|                                                                                                                                                                                                                                               |                                                                                      |                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11969148</b>          | (X3) DATE SURVEY COMPLETED<br><br><b>12/29/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>OAKMONTE VILLAGE OF DAVIE</b>                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>8201 STIRLING RD<br/>DAVIE, FL 33328</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                       |                                                                                      |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>An unannounced complaint survey (CCR#2017010442) was conducted on 12/29/2017 at Oakmonte Village of Davie (Lic#12960).<br/>The facility had no deficiencies found during the time of the survey.</p> |                                                                                      |                                                     |