

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969148	(X3) DATE SURVEY COMPLETED R 09/24/2018
NAME OF PROVIDER OR SUPPLIER OAKMONTE VILLAGE OF DAVIE	STREET ADDRESS, CITY, STATE, ZIP CODE 8201 STIRLING RD DAVIE, FL 33328	

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

0000 - Initial Comments

An unannounced revisit to the Complaint surveys, CCR #2018006883, CCR #2018006939, CCR #2018007215 and CCR #2018008688, were conducted on 09/24/2018 at Oakmonte Village of Davie, License #12960. The facility had no deficiencies identified at the time of the visit.