STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969148	**01/23/2019**
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 licensure complaint survey, CCR #2018016139 was conducted on 01/22/2019 and 01/23/2019 at Oakmonte Village of Davie, License #12960. The facility had no deficiencies identified at the time of the visit.

The licensure complaint survey, CCR #2018016139, was conducted in conjunction with the Relicensure survey on the same date. See separate report for the findings.