| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968564** | **12/15/2015** |
| NAME OF PROVIDER OR SUPPLIER<br>**HIDDEN OAKS ASSISTED LIVING** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**945 7TH ST NW**<br>**LARGO, FL 33770** | |

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

**0000 Initial Comments**

Assisted Living Facility

An attempt was made on 12/15/15 to conduct a monitoring visit for closure. It was determined that the facility is vacant. The facility is closed.