

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/24/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966519	(X3) DATE SURVEY COMPLETED 02/06/2017
NAME OF PROVIDER OR SUPPLIER INDIGO PALMS AT MAITLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 740 NORTH WYMORE ROAD MAITLAND, FL 32751	

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

0000 - Initial Comments

On February 5, 2017 through February 6, 2017 a complaint investigation (CCR 2016013960) was conducted. Indigo Palms at Maitland, license # 10704, had no deficiencies at the time of the investigation pertaining to this investigation.