STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910780	**04/07/2017**
NAME OF PROVIDER OR SUPPLIER **TWIN OAKS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **2143 N.E. COACHMAN ROAD** **CLEARWATER, FL 33765**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced, abbreviated biennial state licensure survey was conducted on 4/7/17.

The Twin Oaks ALF, Assisted Living Facility, (License #7589), had no deficiencies at the time of this visit.