STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910071	**04/25/2017**
NAME OF PROVIDER OR SUPPLIER **OAKLAND MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2812 N. NEBRASKA AVENUE** **TAMPA, FL 33602**	

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

0000 - Initial Comments

Assisted Living Facility

On April 25, 2017, a complaint survey, CCR# 2017001900, was conducted at Oakland Manor. No deficiencies were identified during the visit.

(license # 4992)