STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964739	**05/18/2017**
NAME OF PROVIDER OR SUPPLIER **OAK TREE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **7770 128TH STREET N** **SEMINOLE, FL 33776**	

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

0000 - Initial Comments

Assisted Living Facility

On May 18, 2017, a capacity increase survey was conducted at Oak Tree Manor assisted living facility. There was no deficient practice identified at the time of the survey. A recommendation for a capacity increase is being made at this time.

(License # 9262)