

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/24/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966016	(X3) DATE SURVEY COMPLETED 05/15/2017
NAME OF PROVIDER OR SUPPLIER ROYAL OAKS MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1833 SEMINOLE BLVD LARGO, FL 33778	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A complaint survey, (CCR# 2017003076), was conducted at Royal Oaks Manor assisted living facility on 5/15/17. There were no deficiencies at the time of the investigation. (License # 10292)		