STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966519	R **05/24/2017**
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

A revisit was conducted on 5/22/2017, 5/23/2017, and 5/24/2017 in conjunction with 3 additional revisits & 3 Complaint Investigations #2017002603, #2017003523 and #2017003875.

Indigo Palms at Maitland Assisted Living with Limited Nursing Services (LNS) License #10704 had no deficiencies at the time for this revisit (B1UB12).