STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911131	**08/11/2017**
NAME OF PROVIDER OR SUPPLIER **OAK MANOR, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1771 WEST MINNESOTA AVE** **DELAND, FL 32720**	

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

0000 - Initial Comments

A complaint investigation, CCR# 2017005416, was conducted on 8/11/2017 at Oak Manor,Inc.(License #4938). Oak Manor had no deficiencies found at the time of the survey.