STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966519	R **08/22/2017**
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 Second Revisit Survey to complanit #2016013957 was conducted on 8/20/2017, 8/21/2017 & 8/22/2017 in conjunction with 3 new Complaint Investigation #2017005559, #2017006956, #2017007917 & 3 other revisit surveys.

Indigo Palms at Maitland Assisted Living had no deficiencies related to #2016013957 at the time of the visit.