

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966519	(X3) DATE SURVEY COMPLETED 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 revisit survey to complaint #2017003875 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 #20147003875 at the time of the visit.