| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966519** | **08/22/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**INDIGO PALMS AT MAITLAND** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**740 NORTH WYMORE ROAD**<br>**MAITLAND, FL 32751** | |

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

**0000 - Initial Comments**

A complaint investigation # 2017006956 was conducted on 8/20/17 through 8/22/2017. In addition, Complaint investigations #2017007917 and # 2017005559 and revisits for Complaint Investigations #2017003496, #2017002603, # 2016014670, #201613957 and #2017003875 were conducted on the same dates.

Indigo Palms at Maitland Assisted Living Facility, license #10704, had a deficiency related to Complaint #2017006956 cited under the revisit for #2016014670 at the time of the visit.