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

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

Indigo Palms at Maitland Assisted Living Facility, license #10704, had no deficiencies related to the revisit for #2017002603 at the time of the visit.