STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910071	**10/11/2017**
NAME OF PROVIDER OR SUPPLIER **OAKLAND MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2812 N. NEBRASKA AVENUE** **TAMPA, FL 33602**	

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

0000 - Initial Comments

Assisted Living Facility

An abbreviated biennial relicensure survey with limited mental health (LMH) was conducted at Oakland Manor Assisted Living Facility on 10/11/2017. Oakland Manor, Assisted Living Facility, had no deficient practice identified at the time of the visit.

(License # 4992)