STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963899	**12/12/2017**
NAME OF PROVIDER OR SUPPLIER **CORAL OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **2650 WEST LAKE ROAD** **PALM HARBOR, FL 34684**	

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

0000 - Initial Comments

Assisted Living Facility

On December 12, 2017, an abbreviated biennial re-licensure survey was conducted at Coral Oaks, Assisted Living Facility. No deficient practice was identified during the survey.

(License # 7368)