

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/31/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910251	(X3) DATE SURVEY COMPLETED 01/16/2018
NAME OF PROVIDER OR SUPPLIER INDIAN OAKS MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 11355 131ST STREET N LARGO, FL 33774	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A complaint investigation, (CCR# 2017013367), was conducted at Indian Oaks Manor, Assisted Living Facility, on 1/16/2018. Indian Oaks Manor, Assisted Living Facility, had no deficient practice identified during the visit. (License # 6056)		