STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968587	**10/09/2017**
NAME OF PROVIDER OR SUPPLIER **INDIAN SHORE MANOR, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1611 INDIAN SHORE DR** **CLERMONT, FL 34711**	

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

0000 - Initial Comments

An unannounced complaint survey (CCR2017011392) was conducted on 10/09/2017 at Indian Shore Manor (License#12464), Clermont, FL. No deficient practice was identified at the time of the survey.