STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968587	**01/10/2018**
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

On January 10th, 2018 a closure monitoring visit was conducted at Indian Shore Manor (lic# 11968587).
No deficient practice was identified.