STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966016	R **03/16/2018**
NAME OF PROVIDER OR SUPPLIER **ROYAL OAKS MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **1833 SEMINOLE BLVD** **LARGO, FL 33778**	

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

0000 - Initial Comments

Assisted Living Facility (ALF)

A Revisit to a 02/01/2018 Complaint Survey (CCR#: 2017015775) was conducted at Royal Oaks Manor on 03/16/2018. Royal Oaks Manor had no deficient practice related to the revisit.

(License#: 10292)