| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964739** | R<br>**05/17/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**OAK TREE MANOR** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**7770 128TH STREET N**<br>**SEMINOLE, FL 33776** | |

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

**0000 - Initial Comments**

Assisted Living Facility

On May 17, 2018 a Revisit to 3/15/18 complaint (CCR#2018003611 and CCR#2018001874) in conjunction with a Complaint (CCR#2018006760) survey was conducted at Oak Tree Manor. At the time of the survey, the facility had no deficiencies related to the revisit.

(license # 9262)