

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910251	(X3) DATE SURVEY COMPLETED R 04/03/2018
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 desk review was conducted on 4/03/18 to the complaint survey, (CCR# 2018001121), of 2/15/18. At the time of the desk review, it was determined that the previously cited deficiencies at Indian Oaks Manor had been corrected. (License # 6056)		