

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968413	(X3) DATE SURVEY COMPLETED R 07/31/2018
NAME OF PROVIDER OR SUPPLIER PLANTATION OAKS SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 9309 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32837	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments 07/31/18 Desk review conducted to complaint #2018000631. Plantation Oaks Enior Living, license #12300, had no deficiencies at thet time of the review.		