STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963899	R **08/30/2018**
NAME OF PROVIDER OR SUPPLIER **CORAL OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **2650 WEST LAKE ROAD** **PALM HARBOR, FL 34684**	

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

0000 - Initial Comments

A follow-up to a 07/16/2018 complaint investigation was conducted at Coral Oaks on 08/30/2018. The previously cited deficiency was found corrected via desk review. (Lic #7368)