STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910844	**08/21/2018**
NAME OF PROVIDER OR SUPPLIER **OAK MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **3600 OAK MANOR LANE** **LARGO, FL 33774**	

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

0000 - Initial Comments

Assisted Living Facility

An abbreviated Biennial licensure survey was conducted on 8/21/18.

The Oak Manor, Assisted Living Facility (License #7150), had no deficiencies at the time of this visit.