

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968413	(X3) DATE SURVEY COMPLETED 10/11/2018
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 A Complaint investigation #2018014432 was conducted on 9/28 and from 10/08 to 10/11/18 in addition to the re-licensure survey and complaint investigations # 201814262, 2018011138, 2018013384 and 2018014684. Plantation Oaks Senior Living license # 12300 had no deficiencies at the time of the visit related to CCR#14432.		