STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968413	**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 #2018013384 was conducted on 10/8/18, 10/9/18, 10/10/18 and 10/ 11/18. Plantation Oaks Senior Living Assisted Living Facility License #12300 had no deficiencies relating to this complaint.