| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910844** | **12/03/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**OAK MANOR** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**3600 OAK MANOR LANE**<br>**LARGO, FL 33774** | |

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

**0000 - Initial Comments**

Assisted Living Facility

On December 3rd, 2018, a complaint survey (CCR#2018013198, CCR#2018016019) was conducted at Oak Manor Senior Living Community. At the time of the survey, the facility had no deficiencies.

(License #7150)