

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/13/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910251	(X3) DATE SURVEY COMPLETED R 01/29/2019
NAME OF PROVIDER OR SUPPLIER INDIAN OAKS MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 11355 131ST STREET N LARGO, FL 33774	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments ASSISTED LIVING FACILITY A follow-up to a 12/05/2018 biennial survey was conducted for Indian Oaks Manor on 01/29/2019. The previously cited deficient practice was found corrected via desk review. License #6056		