STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911131	**04/15/2019**
NAME OF PROVIDER OR SUPPLIER **OAK MANOR, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1771 WEST MINNESOTA AVE** **DELAND, FL 32720**	

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

0000 - Initial Comments

An unannounced abbreviated licensure survey with emergency power plam monitoring visit was conducted at Oak Manor, Inc. on April 15, 2019. The provider had no deficiencies at the time of the visit.