STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910780	**06/05/2019**
NAME OF PROVIDER OR SUPPLIER **TWIN OAKS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **2143 N.E. COACHMAN ROAD** **CLEARWATER, FL 33765**	

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

0000 - Initial Comments

An abbreviated re-licensure survey was conducted at the Twin Oaks Alf on 6/5/19. The provider had no deficiencies at the time of the visit.