

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963899	(X3) DATE SURVEY COMPLETED 02/19/2018
NAME OF PROVIDER OR SUPPLIER CORAL OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 2650 WEST LAKE ROAD PALM HARBOR, FL 34684	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A complaint investigation (CCR 2017014761) was conducted at Coral Oaks on 2/19/18. No deficient practice was identified at the time of the investigation. (License #7368)		