STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965194	**06/08/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GATEWAY MANOR	**8320 14TH WAY NORTH SAINT PETERSBURG, FL 33702**	

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

0000 - Initial Comments

Assisted Living Facility

An abbreviated biennial state licensure survey in conjunction with CCR# 2015005066 was attempted on 6/8/15. The facility is not renewing it's license. The facility's license was given to the surveyor by the administrator/owner at the time of the visit.

The complaint survey which was done in conjunction with the biennial portion of the survey was completed.

The Gateway Manor, assisted living facility, had no deficiencies at the time of the visit.