STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965083	R **03/28/2017**
NAME OF PROVIDER OR SUPPLIER **ISLAND SPLENDOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **1155 18TH AVENUE S.W.** **LARGO, FL 33778**	

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

0000 - Initial Comments

A Desk Review was conducted on 03/28/17. The deficiency previously identifed during the Biennial Survey on 02/20/17 was corrected during the review.

Lic # 9487