STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968151	**03/23/2017**
NAME OF PROVIDER OR SUPPLIER **MAGNOLIA MANOR ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **17420 OLD TOBACCO ROAD** **LUTZ, FL 33558**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation (CCR 2017000559) was conducted at Magnolia Manor Assisted Living on 3/23/17. Magnolia Manor Assisted Living had no deficiencies at the time of the investigation.

(License number 12096)