STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942749	**04/11/2017**
NAME OF PROVIDER OR SUPPLIER **PICKET FENCE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **1662 9TH STREET SOUTH** **SAINT PETERSBURG, FL 33701**	

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

0000 - Initial Comments

Assisted Living Facility

A Biennial survey with limited mental health (LMH) was conducted at Pickett Fence Manor Assisted Living Facility on 4/11/2017. Pickett Fence Manor Assisted Living Facility had no deficient practice identified during survey.

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