

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/24/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966042	(X3) DATE SURVEY COMPLETED 05/10/2017
NAME OF PROVIDER OR SUPPLIER MAGNOLIA GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 3800 62ND AVENUE NORTH PINELLAS PARK, FL 33781	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A biennial state licensure survey was conducted at Magnolia Garden Assisted Living Facility on 5/10/2017. Magnolia Gardens, Assisted Living Facility, had no deficient practice identified at the time of the visit. (License # 10314)		