STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964320	R **05/22/2017**
NAME OF PROVIDER OR SUPPLIER **COUNTRY MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2806 WEST SAM ALLEN ROAD** **PLANT CITY, FL 33565**	

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

0000 - Initial Comments

Assisted Living Facility

A follow up visit to a biennial relicensure survey was conducted at Country Manor ALF on 5/22/17. Country Manor had no deficiencies at the time of the visit.

License # 8925