STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966397	**05/24/2017**
NAME OF PROVIDER OR SUPPLIER **COMFORT MANOR INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **8087 25 AVENUE NORTH** **SAINT PETERSBURG, FL 33710**	

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

0000 - Initial Comments

Assisted Living Facility

An abbreviated biennial state licensure survey was conducted at Comfort Manor, Assist Living Facility, on 5/24/2017. Comfort Manor, Assisted Living Facility, had no deficient practice identified at the time of the visit.

(License # 10648)