

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910635	(X3) DATE SURVEY COMPLETED R 06/05/2017
NAME OF PROVIDER OR SUPPLIER MRM BOARDING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 6035 72ND AVE., NORTH PINELLAS PARK, FL 33781	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Desk Review was conducted on 06/05/17. The deficient practice identified during the Biennial Survey on 04/25/17 was corrected during the review.		