STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965303	**05/30/2017**
NAME OF PROVIDER OR SUPPLIER **ALBINA MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **820 15 TH STREET N.** **SAINT PETERSBURG, FL 33705**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint survey CCR#2017002829 was conducted at Albina Manor Assisted Living Facility on 5/30/2017. Albina Manor Assisted Living Facility had no deficient practice identified at the time of survey.

(License # 9774)