

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/14/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968295	(X3) DATE SURVEY COMPLETED R 09/26/2016
NAME OF PROVIDER OR SUPPLIER MARINER PALMS	STREET ADDRESS, CITY, STATE, ZIP CODE 5303 MARINER BLVD SPRING HILL, FL 34609	

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

0000 - Initial Comments

A desk review was conducted on 9/26/2016 as follow-up to a Biennial Survey with Limited Nursing Services (LNS) for Mariner Palms (facility license number 12244). The previously cited deficiencies were cleared as a result of the desk review.