STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932380	R **07/21/2017**
NAME OF PROVIDER OR SUPPLIER **BAY PINES MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **10591 BAY PINES BLVD.** **SAINT PETERSBURG, FL 33708**	

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

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 7/21/17 to the complaint survey, (CCR# 2017002985), of 6/12/17. At the time of the desk review, it was determined that the previously cited deficiencies at Bay Pines Manor, Assisted Living Facility, had been corrected.

(License # 7797)