STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968151	**10/19/2017**
NAME OF PROVIDER OR SUPPLIER **MAGNOLIA MANOR ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **17420 OLD TOBACCO ROAD** **LUTZ, FL 33558**	

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

0000 - Initial Comments

Assisted Living Facility

An abbreviated biennial licensure survey conducted at Magnolia Manor Assisted Living Facility on 10/19/2017. Magnolia Manor Assisted Living Facility had no deficient practice noted during survey.

(License # 12096)