STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953416	**12/05/2017**
NAME OF PROVIDER OR SUPPLIER **MAGNOLIA MANOR INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **926 S. MYRTLE AVENUE** **CLEARWATER, FL 34616**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced biennial state licensure survey was conducted on 12/5/17.

The Magnolia Manor, Inc., Assisted Living Facility, (License # 8539), had no deficiencies at the time of this visit.