| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965303** | **12/27/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**ALBINA MANOR** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**820 15 TH STREET N.**<br>**SAINT PETERSBURG, FL 33705** | |

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

**0000 - Initial Comments**

Assisted Living Facility

On 12/27/17, a complaint survey, (CCR# 2017011565), was conducted in conjunction with a biennial relicensure survey at Albina Manor, Assisted Living Facility. There were no deficiencies related to the complaint survey.

(License # 9774)