

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/23/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969116	(X3) DATE SURVEY COMPLETED 12/12/2017
NAME OF PROVIDER OR SUPPLIER MARINER PALMS II, ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 5311 MARINER BLVD SPRING HILL, FL 34609	

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

0000 - Initial Comments

On 12/12/2017, an unannounced Limited Nursing Services monitoring survey was conducted at Mariner Palms II, license #12948. The facility was in compliance at the time of the survey.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/23/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969116	(X3) DATE SURVEY COMPLETED 12/12/2017
NAME OF PROVIDER OR SUPPLIER MARINER PALMS II, ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 5311 MARINER BLVD SPRING HILL, FL 34609	

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

0000 - Initial Comments

On 12/12/2017, an unannounced Limited Nursing Services monitoring survey was conducted at Mariner Palms II, license #12948. The facility was in compliance at the time of the survey.