STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910781	R **03/22/2018**
NAME OF PROVIDER OR SUPPLIER **TYRONE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2192 74TH STREET, NORTH** **SAINT PETERSBURG, FL 33710**	

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

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 3/22/18 to a biennial state licensure survey of 2/05/18. At the time of the desk review, it was determined that the previously cited deficiencies at Tyrone Manor, Assisted Living Facility, had been corrected.

(License # 7309)