STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966042	**03/15/2018**
NAME OF PROVIDER OR SUPPLIER **MAGNOLIA GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **3800 62ND AVENUE NORTH** **PINELLAS PARK, FL 33781**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A complaint investigation (CCR#2018003758) was conducted at Magnolia Gardens assisted living facility on 3/15/18. Magnolia Gardens did not have any deficiencies at the time of the investigation.

(License# 10314)