

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/06/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910603	(X3) DATE SURVEY COMPLETED 03/22/2018
NAME OF PROVIDER OR SUPPLIER NANCY LEE'S MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3461 64TH STREET NORTH SAINT PETERSBURG, FL 33710	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility On March 22, 2018 an Abbreviated Biennial Survey was conducted at Nancy Lee's Manor. No deficiencies were identified at the time of the visit. (license #7642)		