STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967181	R **04/17/2018**
NAME OF PROVIDER OR SUPPLIER **MANATEE RIVER ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **820 5TH STREET WEST** **PALMETTO, FL 34221**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit was conducted on 4/17/18 for Manatee River Assisted Living. The deficient practice previously cited
on 2/22/18 was corrected during the revisit.

License 11283