

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968295	(X3) DATE SURVEY COMPLETED C 04/16/2018
NAME OF PROVIDER OR SUPPLIER MARINER PALMS	STREET ADDRESS, CITY, STATE, ZIP CODE 5303 MARINER BLVD SPRING HILL, FL 34609	

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

0000 - Initial Comments

An unannounced complaint survey (CCR#20180001088) was conducted on 04.16.2018 at Mariner Palms (License #12244), Spring Hill, FL. No deficient practice was identified at the time of the survey.