STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911157	R **05/18/2018**
NAME OF PROVIDER OR SUPPLIER **PRESTIGE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **6040 SOUTHEAST FRONT ROAD** **BELLEVIEW, FL 34420**	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS