

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/29/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965303	(X3) DATE SURVEY COMPLETED R 05/14/2018
NAME OF PROVIDER OR SUPPLIER ALBINA MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 820 15 TH STREET N. SAINT PETERSBURG, FL 33705	

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

0000 - Initial Comments

Assisted Living Facility

On May 14, 2018 a 2nd Revisit to the 12/27/17 Biennial survey was conducted at Albina Manor Assisted Living Facility. At the time of the visit, the facility had no deficient practice.

(License # 9774)