STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967181	**05/17/2018**
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 complaint investigation (CCR#2018003530) was conducted at Manatee River Assisted Living on 5/17/18. Manatee River Assisted Living had no deficiencies at the time of the investigation.

(License # 11283)