

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910479	(X3) DATE SURVEY COMPLETED R 05/22/2018
NAME OF PROVIDER OR SUPPLIER MARYLAND MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 7632 MARYLAND AVENUE HUDSON, FL 34667	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A second state licensure follow-up by desk review was conducted on 5/22/18 to the biennial state relicensure survey with limited mental health (LMH) of 2/12/18. At the time of the desk review, it was determined that the previously cited deficiency had been corrected. (License # 7165)		