STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966804	R **04/16/2018**
NAME OF PROVIDER OR SUPPLIER **STONE LEDGE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **12006 MCINTOSH ROAD** **THONOTOSASSA, FL 33592**	

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

0000 - Initial Comments

Assisted Living Facility

A Revisit to a 2/2/18 Complaint (CCR#2017014212 and 2017013954) was conducted at Stone Ledge Manor on 4/16/18 in conjunction with a Complaint Investigation (CCR 2018003715), a 2nd Revisit to 11/15/17 and 2/2/18 Complaint (CCR# 2017010789), and a Revisit to a 2/2/18 Biennial Survey. The deficient practice previously cited on 2/2/18 related to this visit was corrected.

(License #11289)

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966202	R **05/14/2018**
NAME OF PROVIDER OR SUPPLIER **MARI-MAR MANOR 2**	STREET ADDRESS, CITY, STATE, ZIP CODE **493 8th AVENUE NORTH** **SAINT PETERSBURG, FL 33709**	

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

0000 - Initial Comments

Assisted Living Facility

A Revisit to the 03/07/2018 Biennial Survey in conjunction with a second Revisit to the 12/20/2017 and the 03/07/2018 Complaint Survey (CCR# 2017014427 and CCR# 2017013097 Event ID J0X913) were conducted on 05/14/2018 at Mari-Mar Manor 2 Assisted Living Facility. Mari-Mar Manor 2 Assisted Living Facility corrected all previously cited deficiencies for the 03/07/2018 Biennial Survey.

(License # 10437)