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