STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968151	R **06/05/2018**
NAME OF PROVIDER OR SUPPLIER **MAGNOLIA MANOR ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **17420 OLD TOBACCO ROAD** **LUTZ, FL 33558**	

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 Complaint Survey (CCR#: 2018001510) was conducted at Magnolia Manor Assisted Living Facility on 06/05/2018. Magnolia Manor Assisted Living Facility corrected the previously cited deficiency. No new deficiencies were identified at the time of the revisit survey.
(License#: 12096)