STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969102	**06/14/2018**
NAME OF PROVIDER OR SUPPLIER **MEASE MANOR MEMORY CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **603 VIRGINIA ST** **DUNEDIN, FL 34698**	

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

0000 - Initial Comments

Assisted Living Facility

A Complaint Survey (CCR#: 2018004749 and 2018008550) was conducted at Mease Manor Memory Care Assisted Living Facility on 06/14/18. Mease Manor Memory Care Assisted Living Facility had no deficiencies at the time of survey.

(License#: 12945)