

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/18/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966202	(X3) DATE SURVEY COMPLETED R 07/02/2018
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 third Revisit to 12/20/17, 03/07/18, 05/14/18 Complaint Survey (CCR#: 2017014427 & 2017013097) in conjunction with a Complaint Survey (CCR#: 2018007442) was conducted at Mari-Mar Manor 2 Assisted Living Facility on 07/02/18. Mari-Mar Manor 2 Assisted Living Facility had no deficient practice identified at the time of survey.

(License#: 10437)