STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966202	**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 Complaint Survey (CCR#: 2018007442) in conjunction with a third Revisit to 12/20/17, 03/07/18, 05/14/18 Complaint Survey (CCR#: 2017014427 & 2017013097) 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)