

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/30/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968295	(X3) DATE SURVEY COMPLETED R 09/20/2018
NAME OF PROVIDER OR SUPPLIER MARINER PALMS	STREET ADDRESS, CITY, STATE, ZIP CODE 5303 MARINER BLVD SPRING HILL, FL 34609	

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

0000 - Initial Comments

On September 20, 2018, an unannounced follow-up to biennial re-licensure survey was conducted at Mariner Palms (License # 12244). No deficient practice was identified at the time of the survey.