STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969116	**10/30/2018**
NAME OF PROVIDER OR SUPPLIER **MARINER PALMS II, ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **5311 MARINER BLVD** **SPRING HILL, FL 34609**	

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

0000 - Initial Comments

On [redacted], an unannounced biennial re-licensure survey in conjunction with Limited Nursing Services monitoring survey was conducted at Mariner Palms II Assisted Living Facility (License #12948), Spring Hill, Florida. Deficient practice was identified at the time of the survey.

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