

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967181	(X3) DATE SURVEY COMPLETED 11/07/2018
NAME OF PROVIDER OR SUPPLIER MANATEE RIVER ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 820 5TH STREET WEST PALMETTO, FL 34221	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility On November 7, 2018 a complaint survey (CCR#2018014415) was conducted at Manatee River Assisted Living . At the time of the survey, the facility had no deficiencies. (License #11283)		