| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969321** | **10/17/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**PRISYCO MANOR LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**8061 GROVELAND AVE**<br>**PENSACOLA, FL 32534** | |

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

**0000 - Initial Comments**

An initial Limited Mental Health survey was conducted at Prisyco Manor, LLC assisted living facility on 10/17/18. At the time of the survey, no deficient practice was identified.