STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965967	**12/20/2018**
NAME OF PROVIDER OR SUPPLIER **PATRICK MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **896 73RD AVE NORTH** **SAINT PETERSBURG, FL 33702**	

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

0000 - Initial Comments

Assisted Living Facility

An abbreviated Biennial licensure survey review was conducted on 12/20/18.

The Patrick Manor, Assisted Living Facility (License #10248), had no deficiencies at the time of this visit.