STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969102	**12/07/2018**
NAME OF PROVIDER OR SUPPLIER **MEASE MANOR MEMORY CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **603 VIRGINIA ST** **DUNEDIN, FL 34698**	

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

0000 - Initial Comments

Assisted Living Facility

On 12-07-2018 a biennial survey was conducted at Mease Manor Memory Care. At the time of the survey, the facility had no deficient practice.

(License #12945)