STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969321	**11/20/2018**
NAME OF PROVIDER OR SUPPLIER **PRISYCO MANOR LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8061 GROVELAND AVE** **PENSACOLA, FL 32534**	

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

0000 - Initial Comments

On 11/20/18, an unannounced Extended Congregate Care monitoring visit was conducted at Prisyco Manor. No deficient practice was identified at the time of this survey.