

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/04/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966202	(X3) DATE SURVEY COMPLETED 01/17/2019
NAME OF PROVIDER OR SUPPLIER MARI-MAR MANOR 2	STREET ADDRESS, CITY, STATE, ZIP CODE 493 8th AVENUE NORTH SAINT PETERSBURG, FL 33709	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A complaint survey, CCR#2018015983, was conducted on 1/17/2019 at Mari-Mar 2 Assisted Living Facility. There was no deficient practice identified at the time of the survey and the facility was vacant and not operating.

(License# 10437)