STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910165	R **01/28/2019**
NAME OF PROVIDER OR SUPPLIER **DUEY'S PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **6285 71ST STREET, N.** **PINELLAS PARK, FL 33781**	

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

0000 - Initial Comments

A revisit to an 11/26/18 biennial survey was conducted on 1/28/19 at Duey's Place . At the time of the survey, the facility had no deficient practice.

License # 7122