STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967181	**02/27/2019**
NAME OF PROVIDER OR SUPPLIER **MANATEE RIVER ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **820 5TH STREET WEST** **PALMETTO, FL 34221**	

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

0000 - Initial Comments

Assisted Living Facility

On February 27th, 2019 a Complaint Survey (CCR# 2018017465) was conducted at Manatee River Assisted Living. At the time of the survey, the facility had no deficiencies.

(License #11283)