STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966352	R **04/11/2019**
NAME OF PROVIDER OR SUPPLIER **BIMINI MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **3791 67 AVENUE, NORTH** **PINELLAS PARK, FL 33781**	

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

0000 - Initial Comments

A 2nd revisit to a biennial survey was conducted at Bimini Manor on 4/11/19. Deficiencies were found to be corrected at the time of the survey.