STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953416	R **04/10/2019**
NAME OF PROVIDER OR SUPPLIER **MAGNOLIA MANOR INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **926 S. MYRTLE AVENUE** **CLEARWATER, FL 34616**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit to a complaint survey was conducted on 4/10/19 at Magnolia Manor an Assisted Living Facility. in Clearwater Florida.

There were no deficiencies found at the time of the visit.