

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/16/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910781	(X3) DATE SURVEY COMPLETED 05/02/2019
NAME OF PROVIDER OR SUPPLIER TYRONE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 2192 74TH STREET, NORTH SAINT PETERSBURG, FL 33710	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A monitoring visit for Resident well-being was conducted at Tyrone Manor (Assisted Living Facility) on 5/2/19.		