| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966850** | R<br>**05/01/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**GOLDEN LIFE MANOR** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**200 SE LINCOLN CIRCLE N**<br>**SAINT PETERSBURG, FL 33703** | |

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

**0000 - Initial Comments**

A follow-up to a 3/6/2019 biennial survey was conducted for Golden Life Manor Assisted Living Facility. The previously cited deficient practice was found corrected via desk review.