STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910635	**05/16/2019**
NAME OF PROVIDER OR SUPPLIER **MRM BOARDING HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **6035 72ND AVE., NORTH** **PINELLAS PARK, FL 33781**	

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

0000 - Initial Comments

An abbreviated biennial survey was conducted at the MRM Boarding Home on 05/16/2019. The provider had no deficiencies at the time of the visit.