STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942749	**05/24/2019**
NAME OF PROVIDER OR SUPPLIER **PICKET FENCE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **1662 9TH STREET SOUTH** **SAINT PETERSBURG, FL 33701**	

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

0000 - Initial Comments

A re-licensure survey with Limited Mental Health (LMH) was conducted at Picket Fence Manor (Assisted Living Facility) on 5/24/19. The provider had no deficiencies at the time of the visit.