STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966397	**05/31/2019**
NAME OF PROVIDER OR SUPPLIER **COMFORT MANOR INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **8087 25 AVENUE NORTH** **SAINT PETERSBURG, FL 33710**	

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

0000 - Initial Comments

A Complaint investigation (CCR#2019003065) was conducted at Comfort Manor Inc on 05/31/2019.
The facility had no deficiencies at the time of the investigation.