STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969102	**06/18/2019**
NAME OF PROVIDER OR SUPPLIER **MEASE MANOR MEMORY CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **603 VIRGINIA ST** **DUNEDIN, FL 34698**	

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

0000 - Initial Comments

A complaint investigation (complaint number 2019006399) was conducted at Mease Manor Memory Care on 6/18/19. The facility had no deficiencies at the time of the survey.