STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965303	R **06/10/2019**
NAME OF PROVIDER OR SUPPLIER **ALBINA MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **820 15 TH STREET N.** **SAINT PETERSBURG, FL 33705**	

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

0000 - Initial Comments

A second revisit to a biennial survey was conducted at Albina Manor on 6/10/2019. There were no deficienies found at the time of the survey.