

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/21/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964320	(X3) DATE SURVEY COMPLETED R 06/19/2019
NAME OF PROVIDER OR SUPPLIER COUNTRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 2806 WEST SAM ALLEN ROAD PLANT CITY, FL 33565	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A follow-up survey was conducted on 06/19/2019 for Country Manor. Previous cited deficiencies were corrected via desk review.		