

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/24/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965303	(X3) DATE SURVEY COMPLETED 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 monitoring visit for compliance with emergency power plan was conducted on 6/10/19 at Albina Manor an assisted living facility. There were no deficiencies identified at the time of the visit.