

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966042	(X3) DATE SURVEY COMPLETED 02/15/2018
NAME OF PROVIDER OR SUPPLIER MAGNOLIA GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 3800 62ND AVENUE NORTH PINELLAS PARK, FL 33781	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation (CCR #2018000976) was conducted at Magnolia Gardens (Lic. #10314) on 2/15/2018. Magnolia Gardens had no deficiencies at the time of the investigation.