STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932543	**03/13/2017**
NAME OF PROVIDER OR SUPPLIER **WESTMINSTER PALMS**	STREET ADDRESS, CITY, STATE, ZIP CODE **830 N. SHORE DRIVE, N.E.** **SAINT PETERSBURG, FL 33701**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced abbreviated biennial licensure survey was conducted on 3/13/17.

The Westminster Palms, Assisted Living Facility, (License # 5338), had no deficiencies at the time of the visit.