

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/03/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932587	(X3) DATE SURVEY COMPLETED R 03/30/2017
NAME OF PROVIDER OR SUPPLIER STRATFORD COURT OF PALM HARBOR	STREET ADDRESS, CITY, STATE, ZIP CODE 45 KATHERINE BLVD. PALM HARBOR, FL 34684	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Desk Review was conducted on 03/30/17. The deficiencies identified during the licensure survey on 02/22/17 were corrected during the review. Lic # 7774		