STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967826	**04/20/2017**
NAME OF PROVIDER OR SUPPLIER **JUSTIN FAMILY ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **10103 BAY WIND COURT** **TAMPA, FL 33615**	

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

0000 - Initial Comments

Assisted Living Facility

On April 20, 2017, a biennial re-licensure survey in conjunction with a complaint survey, (CCR#2017003549) was conducted at Justin Family, Assisted Living Facility, (Lic# 11790). There were no deficiencies identified at the time of the visit.