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

A complaint investigation, (CCR# 2017003549), was conducted at Justin Family assisted living facility (lic# 11790) on 4/20/17 done in conjunction with biennial re-licensure survey. There were no deficiencies at the time of the visit.