STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910636	**06/19/2017**
NAME OF PROVIDER OR SUPPLIER **MASONIC HOME OF FLORIDA**	STREET ADDRESS, CITY, STATE, ZIP CODE **3201 1ST STREET, N.E.** **SAINT PETERSBURG, FL 33704**	

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

0000 - Initial Comments

Assisted Living Facility

On June 19, 2017, a Limited Nursing Services (LNS) Monitoring Visit was conducted at Masonic Home of Florida. The Masonic Home of Florida, Assisted Living Facility, had no deficiencies at the time of the visit.

(License # 6073)