STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965945	**07/27/2017**
NAME OF PROVIDER OR SUPPLIER **PALM TERRACE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **5121 EAST SERENA DRIVE** **TAMPA, FL 33617**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint survey, (CCR# 2017005568), was conducted at Palm Terrace Assisted Living and Adult Day Care on 7/27/17. Palm Terrace Assisted Living and Adult Day Care did not have any deficiencies at the time of the visit.

(License # 10256)