STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966585	**08/02/2017**
NAME OF PROVIDER OR SUPPLIER **PALM AVENUE BAPTIST TOWER ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **215 EAST PALM AVENUE** **TAMPA, FL 33602**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint survey, (CCR# 2017006204) was conducted at Palm Avenue Baptist Tower, Assisted Living Facility, on 08/02/2017. Palm Avenue Baptist Tower, Assisted Living Facility, had no deficient practice identified at the time of the visit.

(License # 10783)