STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964461	**08/25/2017**
NAME OF PROVIDER OR SUPPLIER **BLAKE GLENN**	STREET ADDRESS, CITY, STATE, ZIP CODE **3933 ERNE STREET** **PALM HARBOR, FL 34683**	

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

0000 - Initial Comments

Assisted Living Facility

On 8/25/17 an abbreviated biennial survey was conducted at Blake Glenn. No deficiencies were identified during the visit.

(license #9063)