

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965945	(X3) DATE SURVEY COMPLETED 10/13/2017
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 On October 13, 2017, a monitoring visit for a change in space was conducted at Palm Terrace Assisted Living & Adult Day Care. There was no deficient practice identified during the visit. (License # 10256)		