STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967288	R **10/25/2017**
NAME OF PROVIDER OR SUPPLIER **A TROPICAL PARADISE ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5228 23RD AVENUE** **SAINT PETERSBURG, FL 33710**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit to a complaint survey, (CCR# 2017006104), was conducted on 10/25/17, for A Tropical Paradise ALF LLC. The deficient practice previously cited on 8/17/17 was corrected during the review.

(License # 11367)