STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967642	**10/25/2017**
NAME OF PROVIDER OR SUPPLIER **SAINT LAZAROS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **5209 LANDSMAN AVENUE** **TAMPA, FL 33625**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced, abbreviated biennial state re-licensure survey was conducted on 10/25/2017, at Saint Lazarus ALF. (License # 11688), an Assisted Living Facility, located in Tampa, Florida. There were no deficiencies identified during the survey.

(License # 11688)