STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968602	**01/16/2018**
NAME OF PROVIDER OR SUPPLIER **PALLADIUM ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **343 4TH AVENUE NORTH** **SAINT PETERSBURG, FL 33701**	

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

0000 - Initial Comments

Assisted Living Facility

On January 16, 2018, a Biennial state relicensure survey was conducted at Palladium Assisted Living Facility. No deficiencies were identified during the visit.

(License # 12468)