STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953318	**02/19/2018**
NAME OF PROVIDER OR SUPPLIER **JEANETTE BOSTON ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6916 N. 30TH STREET** **TAMPA, FL 33610**	

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

0000 - Initial Comments

Assisted Living Facility

On February 19, 2018, a complaint survey, (CCR# 2017014852), was conducted at Jeanette Boston, Assisted Living Facility. No deficiencies were identified at the time of the visit.

(license # 8616)