

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/14/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910636	(X3) DATE SURVEY COMPLETED 02/27/2018
NAME OF PROVIDER OR SUPPLIER MASONIC HOME OF FLORIDA	STREET ADDRESS, CITY, STATE, ZIP CODE 3201 1ST STREET, N.E. SAINT PETERSBURG, FL 33704	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation (CCR 2017015196) was conducted at Masonic Home of Florida on 2/27/18. Masonic Home of Florida had no deficiencies at the time of the investigation.

(License #6073)