STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965945	R **04/24/2018**
NAME OF PROVIDER OR SUPPLIER **PALM TERRACE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **5121 EAST SERENA DRIVE** **TAMPA, FL 33617**	

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

0000 - Initial Comments

Assisted Living Facility

A follow-up visit to 2/1/18 complaint (CCR 2018000188) was conducted at Palm Terrace Assisted Living & Adult Day Care on 4/24/18. The deficient practice previously cited on 2/1/18 was corrected during the visit.

(License #10256)