STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910636	**05/02/2018**
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

On May 2, 2018, an abbreviated biennial re-licensure survey with limited nursing services (LNS) was conducted at Masonic Home of Florida assisted living facility. There was no deficient practice identified during the survey.
License #6073