| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967288** | R<br>**07/02/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**A TROPICAL PARADISE ALF LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**5228 23RD AVENUE**<br>**SAINT PETERSBURG, FL 33710** | |

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

**0000 - Initial Comments**

Assisted Living Facility

A desk review was conducted on 7/02/18 to the biennial state licensure survey of 5/09/18. At the time of the desk review, it was determined that the previously cited deficiency at A Tropical Paradise ALF had been corrected.

(License # 11367)