STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910636	**08/22/2018**
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 Limited Nursing Services (LNS) monitoring survey was conducted on 8/22/18.

The Masonic Home of Florida, Assisted Living Facility /License #6073, had no deficiencies at the time of this visit.