

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965945	(X3) DATE SURVEY COMPLETED 11/05/2018
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 complaint survey (CCR# 2018014070) in conjunction with revisit to 9/17/18 Complaint (CCR#2018011812 and CCR#2018012182) and revisit to 9/17/18 monitoring for Generator was conducted on November 5, 2018 at Palm Terrace Assisted Living (license #10256). At the time of the survey, the facility had no deficient practice related to the complaint.		