STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910636	**02/14/2019**
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 complaint survey, CCR#2018017401 was conducted at Masonic Home of Florida Assisted Living Facility on 2/14/19. There were no deficiencies at the time of the survey.

(license# 6073)