

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/06/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965945	(X3) DATE SURVEY COMPLETED R 02/22/2019
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 follow-up to a 12/27/2018 biennial licensure survey was conducted for Palm Terrace Assisted Living on 02/22/2019. The previously cited deficient practice was found corrected via desk review. License #10256		