STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932587	**03/07/2019**
NAME OF PROVIDER OR SUPPLIER **STRATFORD COURT OF PALM HARBOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **45 KATHERINE BLVD.** **PALM HARBOR, FL 34684**	

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

0000 - Initial Comments

Assisted Living Facility

A Biennial Survey with Limited Nursing Services was conducted in conjunction with a Complaint Survey (CCR#: 2019002893) at Stratford Court of Palm Harbor Assisted Living Facility on 03/07/19. Stratford Court of Palm Harbor Assisted Living Facility had no deficient practice related to the biennial identified at the time of the survey.

(License#: 7774)