STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932587	R **05/02/2019**
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

A revisit to 03/07/19 Complaint Investigation (Complaint Number: 2019002893) was conducted at Stratford Court Assisted Living Facility on 05/02/19. Deficiencies were found to be corrected at the time of survey.