STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953318	R **06/14/2017**
NAME OF PROVIDER OR SUPPLIER **JEANETTE BOSTON ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6916 N. 30TH STREET** **TAMPA, FL 33610**	

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

0000 - Initial Comments

Assisted Living Facility

A follow up visit to an abbreviated biennial re-licensure survey conducted at Jeanette Boston on 6/14/17
. Jeanette Boston had no deficiencies at the time of the visit.
Licence # 8616