STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966307	R **03/01/2017**
NAME OF PROVIDER OR SUPPLIER **HUDSON MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **115 EAST DAVIS BLVD** **TAMPA, FL 33606**	

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

0000 - Initial Comments

Assisted Living Facility

A Desk Review was conducted on 03/01/17. The deficient practice previously identified during the ReLicensure survey on 01/11/17 was corrected during the review.

Lic# 10528