STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964862	R **02/20/2017**
NAME OF PROVIDER OR SUPPLIER **FOUNTAIN OF YOUTH**	STREET ADDRESS, CITY, STATE, ZIP CODE **9001 BANA VILLA COURT** **TAMPA, FL 33635**	

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

0000 - Initial Comments

Fountain Of Youth assisted living facility had a 2nd revisit to 11/8/2016 biennial survey conducted on 2/20/2017. Fountain Of Youth assisted living facility had no deficient practice identified during survey.

License: 9411