STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968427	**02/22/2017**
NAME OF PROVIDER OR SUPPLIER **A LA MY LOVE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6821 DOVER CT** **TAMPA, FL 33634**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced Biennial licensure survey was conducted on 2/22/17.

The A La My Love ALF, Assisted Living Facility (License #12340), had no deficiencies at the time of this visit.