STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910038	R **03/03/2017**
NAME OF PROVIDER OR SUPPLIER **RENAISSANCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **16001 LAKESHORE VILLA DRIVE** **TAMPA, FL 33613**	

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

0000 - Initial Comments

Assisted Living Facility

A Desk Review was conducted on 03/03/17. The deficiencies identified during a licensure survey on 01/13/17 were corrected during the review.

Lic. # 7531