STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968770	R **02/22/2017**
NAME OF PROVIDER OR SUPPLIER **MAYDEL ALF 2 CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **14910 N OLA AVE** **TAMPA, FL 33613**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit was conducted on 2/22/17 for Maydel ALF 2 Corp. (Lic. #12628). The deficient practice previously cited on 1/10/17 was corrected during the visit.