STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910067	**03/10/2017**
NAME OF PROVIDER OR SUPPLIER **MIGDALIA'S ACLF**	STREET ADDRESS, CITY, STATE, ZIP CODE **2302 NORTH LINCOLN AVENUE** **TAMPA, FL 33607**	

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

0000 - Initial Comments

Assisted Living Facility

On March 10, 2017, a complaint survey, (CCR# 2017001341), was conducted at Migdalia's ACLF. No deficiencies were identified relative to the complaint survey. Deficiencies were identified relative to the biennial that was conducted in conjunction with this visit.

(License # 6683)