STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942972	**03/10/2017**
NAME OF PROVIDER OR SUPPLIER **ANGELS SENIOR LIVING AT SOUTH TAMPA**	STREET ADDRESS, CITY, STATE, ZIP CODE **3330 SOUTH MACDILL AVENUE** **TAMPA, FL 33629**	

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

0000 - Initial Comments

Assisted Living Facility

On March 10, 2017, an abbreviated biennial re-licensure survey was conducted at Angels Senior Living at South Tampa. No deficient practice was identified during the survey.

(License # 8348)