STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966869	**03/21/2017**
NAME OF PROVIDER OR SUPPLIER **ALBORADA ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6006 NORTH COOLIDGE AVENUE** **TAMPA, FL 33614**	

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

0000 - Initial Comments

Assisted Living Facility

An abbreviated biennial state licensure survey was conducted at Alborada Assisted Living Facility on 3/21/2017. Alborada Assisted Living Facility had no deficient practice identified at the time of the visit.

(License # 11005)