STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942892	R **03/20/2017**
NAME OF PROVIDER OR SUPPLIER **TAMPA LIVING CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **11722 NORTH 17TH STREET** **TAMPA, FL 33612**	

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

0000 - Initial Comments

Assisted Living Facility

A Revisit to 1/19/17-1/25/17 Complaint (CCR#2016014818 & 2016013643) was conducted on 3/20/17 at Tampa Living Care, formerly The Sunrise Senior Village (Assisted Living Facility License #5898). The deficient practice previously cited on 1/25/17 was corrected.