STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967799	R **03/31/2017**
NAME OF PROVIDER OR SUPPLIER **VILLA LA ESPERANZA II LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6021 WEST PARIS STREET** **TAMPA, FL 33634**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit to the 2/14/17 complaint surveys, (CCR# 2016014090 and CCR# 2016014160) was conducted at Villa La Esperanza II LLC on 3/31/17. The deficient practice previously cited was corrected during the visit.

(License number 11788).