STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969162	**04/10/2017**
NAME OF PROVIDER OR SUPPLIER **BORMEY ASSISTED LIVING FACILITIES INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **6416 AMBASSADOR DR** **TAMPA, FL 33615**	

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

0000 - Initial Comments

Assisted Living Facility

On 04/10/2017 an initial survey was conducted at Bormey Assisted Living Facility Inc.. License Pending. There were no discernable deficiencies noted at the time of the initial licensure survey.