

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/15/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932571	(X3) DATE SURVEY COMPLETED 04/27/2017
NAME OF PROVIDER OR SUPPLIER FEEL AT HOME, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 129 WEST 131ST AVENUE TAMPA, FL 33612	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility On April 27, 2017, an abbreviated biennial with limited mental health (LMH) survey was conducted at Feel at Home, Inc. No deficiencies were identified during the visit. (License # 4653)		