STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966231	**05/03/2017**
NAME OF PROVIDER OR SUPPLIER **ACTS ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **6806 NORTH NEBRASKA AVENUE** **TAMPA, FL 33604**	

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

0000 - Initial Comments

Assisted Living Facility

On May 3, 2017, a complaint survey, CCR# 2017002683, was conducted at ACTS, assisted living facility. No deficiencies were identified at the time of the investigation.

(license #12533)