| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910067** | R<br>**05/04/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**MIGDALIA'S ACLF** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2302 NORTH LINCOLN AVENUE**<br>**TAMPA, FL 33607** | |

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

**0000 - Initial Comments**

Assisted Living Facility

A follow up visit to a biennial relicensure was conducted at Migdalia's ACLF an assisted living facility on May 4, 2017.
Migdalia"s ACLF had no deficiencies at the time of the survey.

License # 6683