STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965022	**05/02/2017**
NAME OF PROVIDER OR SUPPLIER **GAIL'S ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **811 EAST OSBORNE AVENUE** **TAMPA, FL 33603**	

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

0000 - Initial Comments

Assisted Living Facility

On May 2, 2017, a biennial state licensure survey was conducted at Gail's ALF. A capacity increase was included and a recommendation for a capacity increase is being made at this time. No deficiencies were identified during the visit.

(license # 9956)