STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968830	**05/18/2017**
NAME OF PROVIDER OR SUPPLIER **MEMORY LANE COTTAGE AT TAMPA PALMS, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **999 PONCE DE LEON BLVD, STE 950** **CORAL GABLES, FL 33134**	

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

0000 - Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted at Memory Lane Cottages at Tampa Palms on 05/18/2017. No deficiencies were identified at the time of the visit.

(License # 12675)