STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910074	R **05/18/2017**
NAME OF PROVIDER OR SUPPLIER **RUBY'S RESIDENTIAL CARE, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **5906 NORTH 32ND STREET** **TAMPA, FL 33610**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced revisit to a 4/3/17 Complaint survey (CCR# 2017000302) was conducted on 5/18/17.

The Ruby's Residential Care, Inc., Assisted Living Facility (License #7616), had corrected all deficiencies by the time of this revisit.