STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967138	**05/08/2017**
NAME OF PROVIDER OR SUPPLIER **HELPING HEART ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **5317 E 20TH AVENUE** **TAMPA, FL 33619**	

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

0000 - Initial Comments

Assisted Living Facility

On 5/08/17, an Extended Congregate Care (ECC) monitoring visit was conducted at Helping Heart Assisted Living Facility. There were no deficiencies noted at the time of the visit.
License #11225