STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967584	**05/26/2017**
NAME OF PROVIDER OR SUPPLIER **YOUR HOUSE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **4008 W BROAD STREET** **TAMPA, FL 33614**	

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

0000 - Initial Comments

Assisted Living Facility

An abbreviated re-licensure survey was conducted on 05/26/2017 at Your House ALF, an assisted living facility in Tampa, Florida. There were no deficiencies identified at the time of the visit.

(License # 11614)