STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964960	**06/01/2017**
NAME OF PROVIDER OR SUPPLIER **ALIMAR ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **2933 W. COLUMBUS DRIVE** **TAMPA, FL 33607**	

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

0000 - Initial Comments

Assisted Living Facility

An extended congregate care (ECC) monitoring visit was conducted at Alimar Assisted Living on 6/01/17. No deficiencies were identified at the time of the visit.

(License # 9440)