STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969098	**07/17/2017**
NAME OF PROVIDER OR SUPPLIER **NUEVO AMANECER TAMPA LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7405 ARIPEKA DR** **TAMPA, FL 33619**	

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

0000 - Initial Comments

Assisted Living Facility

An intial state licensure survey was conducted on 07/17/2017 at Nuevo Amanecer Tampa LLC, a prospective assisted living facility, in Tampa, Florida. There were no deficiencies identified at the time of the visit.

(License # Pending)