

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/02/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966458	(X3) DATE SURVEY COMPLETED R 07/17/2017
NAME OF PROVIDER OR SUPPLIER CENTRAL TAMPA ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 5010 40 STREET NORTH TAMPA, FL 33610	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A revisit was conducted on 7/17/17 for Central Tampa Assisted Living Facility. The deficient practice previous cited on 6/7/17 was corrected during the revisit. (license # 10691)		