STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969231	**08/14/2017**
NAME OF PROVIDER OR SUPPLIER **LA GLORIA ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6003 W KNOX ST** **TAMPA, FL 33634**	

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

0000 - Initial Comments

Assisted Living Facility

A initial survey conducted at La Gloria Assisted Living Facility on 08/14/2017. La Gloria Assisted Living Facility had no deficient practice identified at the time of survey.