STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966960	R **08/11/2017**
NAME OF PROVIDER OR SUPPLIER **ABUELO'S ANA ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **2741 W LEROY STREET** **TAMPA, FL 33607**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced revisit to the 06/23/2017 biennial re-licensure survey, was conducted at Abuelo's Ana ALF, on 08/11/2017, an assisted living facility in Tampa, Florida. There were no deficiencies identified at the time of visit.

(License # 11078)