STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969262	**09/18/2017**
NAME OF PROVIDER OR SUPPLIER **GRANNIE'S HOME ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5554 PENTAIL CIR** **TAMPA, FL 33625**	

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

0000 - Initial Comments

Assisted Living Facility

A survey for Initial Licensure was conducted on 09/18/2017. The Grannies Home Assisted Living, (License # pending), had no deficiencies at the time of this visit. The facility demonstrated readiness for licensure/operation.