STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968064	**09/27/2017**
NAME OF PROVIDER OR SUPPLIER **EL OASIS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6612 NORTH HALE AVE** **TAMPA, FL 33614**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced, abbreviated, biennial re-licensure survey was conducted on 09/27/2017 at El Oasis ALF, (License # 12074), an assisted living facility in Tampa, Florida. There were no deficiencies identified at the time of the visit.

(License # 12074)