STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966113	R **10/10/2017**
NAME OF PROVIDER OR SUPPLIER **A COUNTRY PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **10515 MEMORIAL HIGHWAY** **TAMPA, FL 33615**	

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

0000 - Initial Comments

Assisted Living Facility

On October 10, 2017, a desk review was conducted to the abbreviated biennial state licensure survey of 8/24/17. It was determined at the time of the desk review that the previously cited deficiencies at A Country Place, Assisted Living Facility, had been corrected.

(License # 10368)