STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942892	**10/03/2017**
NAME OF PROVIDER OR SUPPLIER **COLONIAL ASSISTED LIVING AT TAMPA FL**	STREET ADDRESS, CITY, STATE, ZIP CODE **11722 NORTH 17TH STREET** **TAMPA, FL 33612**	

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

0000 - Initial Comments

Assisted Living Facility

Off-hour complaint surveys, (CCR# 2017009139 and CCR# 2017009041), were conducted at Colonial Assisted Living at Tampa FL, formerly Tampa Living Care, Assisted Living Facility, on 10/3/17. Colonial Assisted Living at Tampa FL had no deficiencies identified for either complaint at the time of the visit.

(License # 5898)