STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967471	**10/05/2017**
NAME OF PROVIDER OR SUPPLIER **HYDE PARK ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **3011 WEST DE LEON STREET** **TAMPA, FL 33609**	

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

0000 - Initial Comments

Assisted Living Facility

On October 5, 2017, a complaint (CCR# 2017007318) investigation was conducted at Hyde Park ALF.
This facility had no deficiencies at the time of investigation.

License # 11504