STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910045	**10/16/2017**
NAME OF PROVIDER OR SUPPLIER **HAILES BOARDING HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1009 N WILLOW** **TAMPA, FL 33607**	

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

0000 - Initial Comments

Assisted Living Facility

A monitoring visit was conducted at Hailes Boarding Home on 10/16/2017.

(License # 5776)