STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967757	**10/27/2017**
NAME OF PROVIDER OR SUPPLIER **ARY'S ALF CENTERS CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **4513 DREISLER STREET** **TAMPA, FL 33634**	

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

0000 - Initial Comments

Assisted Living Facility

A Complaint investigation (CCR#2017008865) was conducted at Ary's ALF Center Corp. Ary's ALF Center Corp had no deficiencies at the time of the investigation.

License (#11723)