STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967152	R **11/06/2017**
NAME OF PROVIDER OR SUPPLIER **MY MOM'S ALF WEST TAMPA LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3204 WEST LEROY ST** **TAMPA, FL 33607**	

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

0000 - Initial Comments

Assited Living Facility

On 11/06/2017, an unannounced revisit to a Change of Ownership (CHOW) survey conducted on 08/29/2017 at My Mom's ALF West Tampa (License #11290), an Assisted Living Facility located in Tampa, Florida. All previously identified deficiencies were corrected.

(License # 11290)