

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/28/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910045	(X3) DATE SURVEY COMPLETED 11/13/2017
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 for closure was conducted at Hailes Boarding Home on 11/13/17. Hailes Boarding Home, Assisted Living Facility, had no deficiencies at the time of the visit. (License # 5776)		