STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968908	R **11/29/2017**
NAME OF PROVIDER OR SUPPLIER **ADULT HOME ASSISTING CENTER INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2934 W CHESTNUT ST** **TAMPA, FL 33607**	

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

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 11/29/17 to the biennial re-licensure survey of 10/03/17. At the time of the desk review, it was determined that the previously cited deficiencies at Adult Home Assisted Living Center Inc had been corrected.

(License # 12737)