STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964895	**11/30/2017**
NAME OF PROVIDER OR SUPPLIER **MURRAY MANOR OF TAMPA, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **13106 NORTH 53RD STREET** **TEMPLE TERRACE, FL 33617**	

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 on 11/30/2017 at Murray Manor (Lic. # 9397). No deficient practice was identified during the visit.