

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968173	(X3) DATE SURVEY COMPLETED 12/06/2017
NAME OF PROVIDER OR SUPPLIER CASA SANTA MARTHA ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 1917 W MOHAWK AVE TAMPA, FL 33603	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A complaint survey, (CCR# 2017010436), was done in conjunction with an abbreviated biennial state licensure survey at Casa Santa Martha, Assisted Living Facility, on 12/06/2017. Casa Santa Martha Assisted Living Facility had no deficient practice identified at the time of survey. (License # 12121)		