STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968173	**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

An abbreviated biennial state licensure survey was done in conjunction with a complaint survey, (CCR# 2017010436), 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 the visit.

(License # 12121)