STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910049	**12/20/2017**
NAME OF PROVIDER OR SUPPLIER **KRISTIANNA'S ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **104 GARLAND COURT** **TAMPA, FL 33613**	

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

0000 - Initial Comments

Assisted Living Facility

An abbreviated biennial state licensure survey with Limited Mental Health (LMH) was conducted at Kristianna's Assisted Living Facility on 12/20/2017. Kristianna's Assisted Living Facility had no deficient practice identified at the time of survey.

(License # 7336)