STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969301	**01/05/2018**
NAME OF PROVIDER OR SUPPLIER **RONNY'S ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8016 DELL DR** **TAMPA, FL 33615**	

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

0000 - Initial Comments

Assisted Living Facility

On January 5, 2018, an initial state licensure survey was conducted at Ronny's Assisted Living LLC. There were no deficiencies identified during the survey. A recommendation for a Standard license is being made at this time.

(License # pending)