STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968541	R **01/11/2018**
NAME OF PROVIDER OR SUPPLIER **GOLDEN AGE ALF OF TAMPA BAY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3328 W SPRUCE ST** **TAMPA, FL 33607**	

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

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 1/11/18 to the biennial state relicensure survey of 11/22/2017. At the time of the desk review, it was determined that the previously cited deficiencies at Golden Age Assisted Living Facility of Tampa Bay, had been corrected.

(License # 12443)