STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968659	R **01/19/2018**
NAME OF PROVIDER OR SUPPLIER **OUR LADY OF CHARITY ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **7603 WINGING WAY DR** **TAMPA, FL 33615**	

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

0000 - Initial Comments

Assisted Living Facility

A second follow-up by desk review was conducted on 1/19/18 to the 12/04/17 & 10/06/17 biennial state licensure survey. At the time of this desk review, it was determined that the remaining deficiency at Our Lady of Charity, ALF, had been corrected.

(License # 12530)