STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967138	**01/09/2018**
NAME OF PROVIDER OR SUPPLIER **HELPING HEART ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **5317 E 20TH AVENUE** **TAMPA, FL 33619**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced Abbreviated Biennial licensure survey with Limited Mentaal Health (LMH) was conducted on 1/9/2018.

The Helping Heart Assisted Living Facility, Assisted Living Facility /License #11225, had no deficiencies at the time of this visit.