STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967709	**01/05/2018**
NAME OF PROVIDER OR SUPPLIER **VILLA'S ALF 2 INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **16116 TAMPA STREET** **LUTZ, FL 33548**	

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

0000 - Initial Comments

Assisted Living Facility

A biennial survey was conducted at Villas Assisted Living Facility 2 on 01/05/2018. Villas Assisted Living Facility 2 had no deficient practice identified during survey.

(License # 11700)