STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968203	R **01/25/2018**
NAME OF PROVIDER OR SUPPLIER **SAINT JOSEPH ASSISTED LIVING FACILITY, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7615 BARRY RD** **TAMPA, FL 33615**	

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

0000 - Initial Comments

Assisted Living Facility

On 01/25/2018, an unannounced revisit to a 12/08/2017 abbreviated, biennial state relicensure survey was conducted at Saint Joseph Assisted Living, an assisted living facility, located in Tampa, Florida. All previously identified deficiencies were corrected.

(License # 12112)