STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969327	**02/15/2018**
NAME OF PROVIDER OR SUPPLIER **LARRY'S FAMILY 1 CARE ALF, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4402 W MINNEHAHA ST** **TAMPA, FL 33614**	

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

0000 - Initial Comments

Assisted Living Facility

A survey for Initial Licensure was conducted on 2/15/18.

Larry's Family 1 Care ALF, LLC, Assisted Living Facility, had no deficiencies at the time of this visit.