| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968636** | **02/05/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**ANGELS SENIOR LIVING AT NEW TAMPA, LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**14712 N 42ND ST**<br>**TAMPA, FL 33613** | |

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

**0000 - Initial Comments**

Assisted Living Facility

An unannounced ECC (Extended Congregate Care) survey was conducted on 2/5/18 at Angels Senior Living (license #12507) an Assisted Living Facility in Tampa, Florida.

No deficiencies were found at the time of the visit.