STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942892	**07/26/2017**
NAME OF PROVIDER OR SUPPLIER **COLONIAL ASSISTED LIVING AT TAMPA FL**	STREET ADDRESS, CITY, STATE, ZIP CODE **11722 NORTH 17TH STREET** **TAMPA, FL 33612**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint survey, (CCR# 2017005412), was conducted on 7/26/17, in conjunction with a revisit to a 6/8/17 complaint survey, (CCR# 2017002765), at Tampa Living Care (formerly named Sunrise Senior Village). No deficient practice was identified specific to the Complaint, and the deficient practice previously cited on 6/8/17 was corrected.

(License # 5898)