STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967473	R **03/06/2018**
NAME OF PROVIDER OR SUPPLIER **SILVER LAKE ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3211 W SITKA STREET** **TAMPA, FL 33614**	

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

0000 - Initial Comments

Assisted Living Facility

On 03/06/2018, an unannounced revisit to 01/02/2018 complaint survey (CCR#2017013393) was conducted at Silver Lakes ALF, Inc (License #11512), an Assisted Living Facility located in Tampa, Florida. There were no deficiencies identified during the survey.

License #11512