

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/23/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942892	(X3) DATE SURVEY COMPLETED 03/05/2018
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 biennial state relicensure survey was conducted at Colonial Assisted Living Facility on 03/05/2018. Colonial Assisted Living Facility had no deficient practice identified at the time of survey. (License # 5898)		