STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968789	**03/05/2018**
NAME OF PROVIDER OR SUPPLIER **MY MOM'S HOME ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9003 WEST CLUSTER AVENUE** **TAMPA, FL 33615**	

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

0000 - Initial Comments

Assisted Living Facility

On March 5, 2018, a biennial re-licensure survey was conducted at My Mom's Home ALF LLC. No deficient practice was identified during the survey.

(license #12640)