

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/28/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967819	(X3) DATE SURVEY COMPLETED 03/09/2018
NAME OF PROVIDER OR SUPPLIER NUEVA VIDA ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1901 W OKALOOSA AVENUE TAMPA, FL 33604	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced biennial survey was conducted in conjunction with a revisit for a 01/08/2018 complaint survey (CCR#2017012654) on 03/09/2018 at Nueva Vida Assisted Living Facility (ALF), Inc. (License #11800), an assisted living facility located in Tampa, Florida. There were no deficiencies identified during the survey.

License #11800