STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967819	R **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

On 03/09/2018, an unannounced revisit for a 01/08/2018 complaint survey (CCR#2017012654) was conducted in conjunction with a biennial survey 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