STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969350	**03/26/2018**
NAME OF PROVIDER OR SUPPLIER **PROMISE POINTE AT TAMPA OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **12110 MORRIS BRIDGE RD** **TEMPLE TERRACE, FL 33637**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

On March 26, 2018, an initial licensure survey with extended congregate care (ECC) services was conducted at Promise Pointe at Tampa Oaks assisted living facility. Deficient practice was not identified during the surveys.