STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966973	R **03/21/2018**
NAME OF PROVIDER OR SUPPLIER **AMOEDO'S ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3415 W IVY STREET** **TAMPA, FL 33607**	

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

0000 - Initial Comments

Assisted Living Facility

On 03/21/2018, a second follow-up visit was conducted for an 10/24/2017 & 01/22/2018 biennial survey at Amoedo's ALF, Inc. (License #11149), an Assisted Living Facility located in Tampa, Florida. There were no deficiencies identified during the survey.