STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968614	R **03/30/2018**
NAME OF PROVIDER OR SUPPLIER **LARRY'S FAMILY2 CARE ALF, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8346 GARRISON CIR** **TAMPA, FL 33615**	

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

0000 - Initial Comments

Assisted Living Facility

A desk review to a biennial state licensure survey of 2/15/18 was conducted on 3/30/18 at Larry's Family 2 Care ALF, LLC. At the time of the desk review, it was determined that the previously cited deficiencies had been corrected.

(License # 12484)