

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 04/11/2018  
FORM APPROVED

|                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                  |                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                        | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11967799</b>                      | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><br><b>03/22/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VILLA LA ESPERANZA II LLC</b>                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6021 WEST PARIS STREET</b><br><b>TAMPA, FL 33634</b> |                                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                          |                                                                                                  |                                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>Assisted Living Facility</p> <p>On 03/22/2018, an unannounced revisit to biennial survey was conducted in conjunction with revisit to complaint survey (CCR#2017013824), at Villa La Esperanza II (License #11788), an Assisted Living Facility located in Tampa, Florida. There were no deficiencies identified during the survey.</p> |                                                                                                  |                                                                     |