| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966307** | **03/29/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**HUDSON MANOR** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**115 EAST DAVIS BLVD**<br>**TAMPA, FL 33606** | |

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

**0000 - Initial Comments**

Assisted Living Facility

A Complaint investigation (CCR#2018001630) was conducted at Hudson Manor on 3/29/18. Hudson Manor had no deficiencies at the time of the investigation.

License (#10528)