

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/17/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968636	(X3) DATE SURVEY COMPLETED 04/03/2018
NAME OF PROVIDER OR SUPPLIER ANGELS SENIOR LIVING AT NEW TAMPA, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 14712 N 42ND ST TAMPA, FL 33613	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility On April 3, 2018 a Monitoring for Resident's Well-Being/Fire Safety was conducted at Angels Senior Living at New Tampa. No deficiencies were identified during the visit. (license# 12507)		