STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967259	**04/17/2018**
NAME OF PROVIDER OR SUPPLIER **HERNANDEZ ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6604 N ORLEANS AVE** **TAMPA, FL 33604**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced abbreviated biennial with limited mental health (LMH) survey was conducted on 04/17/2018 at Hernandez ALF (License #11339), an assisted living facility located in Tampa, Florida. There were no deficiencies identified during the survey.