| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910121** | R<br>**04/12/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**ROCKY CREEK VILLAGE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**8606 BOULDER COURT**<br>**TAMPA, FL 33615** | |

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

**0000 - Initial Comments**

Assisted Living Facility

An unannounced Revisit to 2/19/18 Complaint investigation (CCR#2018001445 & 2018000842 & 2017015459) was conducted on 4/12/18.

The Rocky Creek Village, Assisted Living Facility (License #5227), had corrected the deficiency identified on 2/19/18, and no deficiencies were found at the time of this visit.