STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966226	**04/16/2018**
NAME OF PROVIDER OR SUPPLIER **SPRINGS WATER ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **1411 EAST WATERS AVENUE** **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 licensure survey with Limited Mental Health (LMH) services was conducted on 4/16/18.

The Springs Water ALF, Assisted Living Facility (License #10480), had no deficiencies at the time of this visit.