STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932571	R **04/18/2018**
NAME OF PROVIDER OR SUPPLIER **FEEL AT HOME, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **129 WEST 131ST AVENUE** **TAMPA, FL 33612**	

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

0000 - Initial Comments

Assisted Living Facility

A second Revisit to 01/04/2018 Complaint Survey (CCR#: 2018000013) in conjunction with a Revisit to 02/26/2018 Complaint Survey (CCR#: 2018001370 and 2018000665) was conducted at Feel at Home Assisted Living Facility on 04/18/2018. Feel at Home had corrected the deficiency previously cited.

(License#: 4653)