STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968636	**04/25/2018**
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 25, 2018 a Complaint survey (CCR#2018001817, CCR#2018002835 and CCR#2018003667) was conducted at Angels Senior Living at New Tampa. No deficiencies were identified at the time of the visit.

(License # 12507)