STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968764	**04/24/2018**
NAME OF PROVIDER OR SUPPLIER **LA CASA ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **9318 MEMORIAL HWY** **TAMPA, FL 33615**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced complaint survey (CCR#2018001945), was conducted on 04/24/2018 at La Casa Assisted Living Facility (License #12615), an Assisted Living Facility located in Tampa, Florida. There were no deficiencies identified during the survey.