STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969363	**05/16/2018**
NAME OF PROVIDER OR SUPPLIER **FEELS LIKE HOME IN TAMPA ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6018 MEMORIAL HWY TAMPA, FL 33615**	

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

0000 - Initial Comments

Assisted Living Facility

An initial licensure survey was conducted at Feels Like Home Assisted Living Facility on 05/16/2018.
Feels Like Home Assisted Living Facility had no deficient practice identified at the time of the survey.