

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/29/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967471	(X3) DATE SURVEY COMPLETED 05/04/2018
NAME OF PROVIDER OR SUPPLIER HYDE PARK ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 3011 WEST DE LEON STREET TAMPA, FL 33609	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Complaint investigation (CCR#2018002013) was conducted at Hyde Park Assisted Living Facility on 5/4/18. Hyde Park Assisted Living Facility had no deficiencies at the time of the investigation . License (#11504)		