

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966458	(X3) DATE SURVEY COMPLETED 05/29/2018
NAME OF PROVIDER OR SUPPLIER CENTRAL TAMPA ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 5010 40 STREET NORTH TAMPA, FL 33610	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility On May 29, 2018 a Complaint (CCR# 2018004301) survey was conducted at Central Tampa Assisted Living. No deficiencies were identified at the time of the visit. (license# 10691)		