STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966231	**06/01/2018**
NAME OF PROVIDER OR SUPPLIER **ACTS ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **6806 NORTH NEBRASKA AVENUE** **TAMPA, FL 33604**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

On June 1, 2018, a Biennial re-licensure survey with limited mental health (LMH) services was conducted at ACTS Assisted Living Facility. There was no deficient practice identified during the surveys.

(License# 12533)