STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967471	**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

An unannounced Extended Congregate Care (ECC) monitering survey was conducted on 5/4/18 in conjunction with a complaint survey (CCR 2018002013).

The Hyde Park Assisted Living Facility /License #11504, had no deficiencies at the time of this visit.