| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967927** | **06/07/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**VILLAS ALF** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**4534 HAMPSHIRE RD**<br>**TAMPA, FL 33634** | |

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

**0000 - Initial Comments**

Assisted Living Facility

A Biennial re-licensure survey was conducted on 6/7/18 at Villas ALF (License 11889), an assisted living facility in Tampa, Florida. There were no deficiencies identified at the time of the survey.