STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932571	R **06/18/2018**
NAME OF PROVIDER OR SUPPLIER **FEEL AT HOME, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **129 WEST 131ST AVENUE** **TAMPA, FL 33612**	

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

0000 - Initial Comments

Assisted Living Facility

A 2nd revisit to 02/26/18 and 04/18/18 Complaint Survey (CCR #2018001370 and 2018000665) was conducted at Feel at Home Assisted Living Facility on 6/18/18. Feel at Home Assisted Living Facility corrected all deficiencies.

(License#: 4653)