STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968373	R **07/02/2018**
NAME OF PROVIDER OR SUPPLIER **CARMEN'S GOODCARE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **908 W YUKON ST** **TAMPA, FL 33604**	

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

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 7/02/18 to the biennial state relicensure survey of 5/09/18. At the time of the desk review, it was determined that the previously cited deficiencies at Carmen's Goodcare ALF had been corrected.

(License # 12261)