STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968675	**06/21/2018**
NAME OF PROVIDER OR SUPPLIER **HERNANDEZ ALF II LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3010 W HAYA ST** **TAMPA, FL 33614**	

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

0000 - Initial Comments

Assisted Living Facility

A biennial survey was conducted on 06/21/2018 at Hernandez ALF II (License #12543), an assisted living facility located in Tampa, Florida. There were no deficiencies identified during the survey.