STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969353	**06/28/2018**
NAME OF PROVIDER OR SUPPLIER **ODENIA'S ANGELS ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **8204 SUNNYSLOPE DR** **TAMPA, FL 33615**	

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

0000 - Initial Comments

Assisted Living Facility

At 9:00 am on 6/28/18 an initial licensure survey was conducted at Odenia's Angels ALF Corp, an assisted living facility. No deficiencies were cited at the time of the survey.