STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968284	R **07/10/2018**
NAME OF PROVIDER OR SUPPLIER **DANIELLA'S LIFE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **1910 W FERN 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 to the biennial state relicensure survey of 5/24/18 on 7/10/18. At the time of the desk review, it was determined that the previously cited deficiencies at Daniella's Life ALF had been corrected.

(License # 12212)