| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968659** | R<br>**07/23/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**OUR LADY OF CHARITY ALF** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**7603 WINGING WAY DR**<br>**TAMPA, FL 33615** | |

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

**0000 - Initial Comments**

A desk review was conducted on 07/23/2018 to a 05/23/2018 complaint survey (CCR 2018004265). At the time of the review, Our Lady of Charity Assisted Living facility had no deficient practice.

License # 12530