

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966307	(X3) DATE SURVEY COMPLETED 07/18/2018
NAME OF PROVIDER OR SUPPLIER HUDSON MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 115 EAST DAVIS BLVD TAMPA, FL 33606	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A complaint (CCR#2018006886 & 2018009352) survey was conducted on 07/18/2018 at Hudson Manor (License #10528), an assisted living facility located in Tampa, Florida. There were no deficiencies identified during the survey.		