STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953588	**08/07/2018**
NAME OF PROVIDER OR SUPPLIER **AGUILA ADULT CARE CENTER II**	STREET ADDRESS, CITY, STATE, ZIP CODE **4011 N. HABANA** **TAMPA, FL 33607**	

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

0000 - Initial Comments

Assisted Living Facility

On August 7, 2018 an Abbreviated Biennial survey was conducted at Aguila Adult Care Center. No deficiencies were identified at the time of the visit.

(License #8768)