STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966458	**08/14/2018**
NAME OF PROVIDER OR SUPPLIER **CENTRAL TAMPA ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **5010 40 STREET NORTH** **TAMPA, FL 33610**	

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

0000 - Initial Comments

Assisted Living Facility

On August 14, 2018 a Complaint CCR#2018008461 survey was conducted at Central Tampa Assisted Living Facility. No deficiencies were identified at the time of the visit.

(license# 10691)