STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968323	**08/16/2018**
NAME OF PROVIDER OR SUPPLIER **ESTATE AT HYDE PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **2301 W PALM DR** **TAMPA, FL 33629**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investiagtion (CCR 2018009956) was conducted at Estate of Hyde Park (The) on 8/16/18 in conjunction with a biennial re-licesnsure survey. Estate of Hyde Park (The) had no deficiencies related to the complaint investigation.

(License #12223)