STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969010	R **08/20/2018**
NAME OF PROVIDER OR SUPPLIER **ELDERLY PRIDE ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **322 REGAL PARK DR** **VALRICO, FL 33594**	

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

0000 - Initial Comments

Assisted Living Facility

A Revisit to the 7/3/18 Biennial with Limited Mental Health and Limited Nursing Services survey was conducted on 08/20/18 for Elderly Pride Assisted Living, Llc. The deficient practice previously cited was corrected during the review. License # 12869.