

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969010	(X3) DATE SURVEY COMPLETED 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 Survey to CCR#2018006044 was conducted on 08/20/18 for Elderly Pride Assisted Living, Llc. The deficient practice previously cited on 7/3/18 was corrected during the review. License # 12869.		