STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967883	**08/21/2018**
NAME OF PROVIDER OR SUPPLIER **ERIKA'S HOUSE ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8301 N GOMEZ AVE** **TAMPA, FL 33614**	

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

0000 - Initial Comments

Assisted Living Facility

An abbreviated, biennial, survey was conducted on 08/21/2018 at Erika's House ALF (License #11880), an assisted living facility located in Tampa, Florida. There were no deficiencies identified at the time of the visit.