STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968908	**08/13/2018**
NAME OF PROVIDER OR SUPPLIER **ADULT HOME ASSISTING CENTER INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2934 W CHESTNUT ST** **TAMPA, FL 33607**	

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

0000 - Initial Comments

Assisted Living Facility
On 8/13/18 a monitoring visit for clousure was conducted at Adult Home Assisted Center Inc. an assisted Living facility in Tampa, Florida. The facility was closed. There were no residents living at the facility at the time of this survey.

License #12737