| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910121** | **08/27/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**ROCKY CREEK VILLAGE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**8606 BOULDER COURT**<br>**TAMPA, FL 33615** | |

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

**0000 - Initial Comments**

Assisted Living Facility

A complaint survey (CCR#2018011099) was done in conjunction with a revisit to 6/26/18 Complaint CCR# 2018006519 survey, at Rocky Creek Village Assisted Living Facility on 08/27/2018. Rocky Creek Village Assisted Living Facility had no deficient practice identified at the time of survey.

Lic#5227