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

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

0000 - Initial Comments

Assisted Living Facility

A revisit to a 6/26/18 Complaint survey (CCR# 2018006519) was done in conjunction with a complaint survey (CCR#2018011099) 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