STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969085	**09/12/2018**
NAME OF PROVIDER OR SUPPLIER **ALONDRA'S ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1804 W FLORA ST** **TAMPA, FL 33604**	

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

0000 - Initial Comments

Assisted Living Facility

On September 12, 2018 a Biennial survey was conducted at Alondra's Assisted Living Facility. No deficiencies were identified at the time of the visit.

(license #12909)