STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942892	**09/24/2018**
NAME OF PROVIDER OR SUPPLIER **COLONIAL ASSISTED LIVING AT TAMPA FL**	STREET ADDRESS, CITY, STATE, ZIP CODE **11722 NORTH 17TH STREET** **TAMPA, FL 33612**	

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

0000 - Initial Comments

Assisted Living Facility

A Complaint investigation (CCR# 2018012113) was conducted at the facility on 9/24/18.

The Colonial Assisted Living at Tampa FL, Assisted Living Facility (License #5898), had no deficiencies at the time of this visit.