

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/15/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969350	(X3) DATE SURVEY COMPLETED 09/24/2018
NAME OF PROVIDER OR SUPPLIER PROMISE POINTE AT TAMPA OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 12110 MORRIS BRIDGE RD TEMPLE TERRACE, FL 33637	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility An Extended Congregate Care (ECC) monitoring survey was conducted on 9/24/18. The Promise Pointe at Tampa Oaks, Assisted Living Facility /License #13142, had no deficiencies at the time of this visit.		