STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968323	R **10/03/2018**
NAME OF PROVIDER OR SUPPLIER **ESTATE AT HYDE PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **2301 W PALM DR** **TAMPA, FL 33629**	

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

0000 - Initial Comments

Assisted Living Facility

A Revisit Survey was conducted on 10/3/18 for Estate At Hyde Park. The deficient practice previously cited on 8/16/18 was corrected during the review. License # 12223.