STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965547	R **10/24/2018**
NAME OF PROVIDER OR SUPPLIER **MICHT CORPORATION**	STREET ADDRESS, CITY, STATE, ZIP CODE **2907 NORTH BOULEVARD** **TAMPA, FL 33602**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A follow-up to a 09/06/2018 abbreviated biennial survey was conducted for Micht Corporation on 10/24/2018. The previously cited deficient practice was found corrected via desk review.

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