STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964871	**10/18/2018**
NAME OF PROVIDER OR SUPPLIER **YETEY ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **8602 N. 22ND STREET** **TAMPA, FL 33604**	

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

0000 - Initial Comments

Assisted Living Facility

An abbreviated Biennial licensure survey with Limited Mental Health was conducted on 10/18/18.

The Yetey ALF, Assisted Living Facility (License #9398), had no deficiencies at the time of this visit.