STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910002	R **10/26/2018**
NAME OF PROVIDER OR SUPPLIER **AGUILA ADULT CARE CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **503 N. MATANZAS** **TAMPA, FL 33609**	

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

0000 - Initial Comments

Assisted Living Facility

On October 26, 2018, a 2nd Revisit to a 7/16/18 Abbreviated Biennial Survey was conducted at Aguila's Adult Care Center.
The facility had no deficiencies at the time of the visit.

(license #7228)