STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969453	**11/05/2018**
NAME OF PROVIDER OR SUPPLIER **SENIOR POINT ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2940 W HILLSBOROUGH AVE** **TAMPA, FL 33614**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

On November 5, 2018, an initial licensure survey with limited mental health services (LMH) was conducted at Senior Point Assisted Living. Senior Point Assisted Living had no deficiencies at the time of the survey.