| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967464** | **11/01/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**JOSEPHINE'S HOME AWAY FROM HOME** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1407 E HOLLAND AVE**<br>**TAMPA, FL 33612** | |

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

**0000 - Initial Comments**

Assisted Living Facility

An Abbreviated Biennial with Limited Mental Health Services survey was conducted at Josephine's Home Away From Home Assisted Living Facility on 11/1/2018. Josephine's Home Away From Home Assisted Living Facility had no deficient practice identified a the time of the survey.

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