STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964862	**10/30/2018**
NAME OF PROVIDER OR SUPPLIER **FOUNTAIN OF YOUTH**	STREET ADDRESS, CITY, STATE, ZIP CODE **9001 BANA VILLA COURT** **TAMPA, FL 33635**	

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

0000 - Initial Comments

Assisted Living Facility

A Complaint investigation (CCR# 2018014443) was conducted on 10/30/18 in conjunction with an abbreviated Biennial licensure survey .

The Fountain Of Youth ALF Inc, Assisted Living Facility (License #9411), had no deficiencies cited related to the complaint. Deficiencies were cited under the biennial survey.