STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968284	**11/08/2018**
NAME OF PROVIDER OR SUPPLIER **DANIELLA'S LIFE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **1910 W FERN ST** **TAMPA, FL 33604**	

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

0000 - Initial Comments

Assisted Living Facility

On November 8, 2018 a complaint survey (CCR#2018015749) was conducted in conjunction with a revisit to a 9/14/18 Complaint (CCR#2018011294) survey at Daniella's Life. The facility had no deficiencies cited related to the complaint. Deficiencies were cited under the revisit.

(license #12212)