

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968636	(X3) DATE SURVEY COMPLETED R 11/19/2018
NAME OF PROVIDER OR SUPPLIER ANGELS SENIOR LIVING AT NEW TAMPA, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 14712 N 42ND ST TAMPA, FL 33613	

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

0000 - Initial Comments

A follow-up to a biennial survey with Extended Congregate Care (ECC) was conducted at Angels Senior Living At New Tampa Assisted Living Facility on 11/19/2018. The previously cited deficient practice was found corrected via desk review.

Lic #12507