STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969190	**11/08/2018**
NAME OF PROVIDER OR SUPPLIER **DISCOVERY VILLAGE AT TAMPA PALMS**	STREET ADDRESS, CITY, STATE, ZIP CODE **17470 BROOKSIDE TRACE CT** **TAMPA, FL 33647**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation (CCR 2018012918) was conducted at Discovery Village at Tampa Palms on 11-08-2018 deficient practice was not identified at the time of the investigation.

(License #12993)