STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969231	R **12/10/2018**
NAME OF PROVIDER OR SUPPLIER **LA GLORIA ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6003 W KNOX ST** **TAMPA, FL 33634**	

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

0000 - Initial Comments

Assisted Living Facility

A Revisit to 10/22/18 Complaint Survey (CCR#: 2018012290) was conducted at La Gloria Assisted Living Facility on 12/10/18. La Gloria Assisted Living Facility corrected previously cited deficiencies and no new deficient practice identified at the time of the survey.

(License#: 13056)