STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969451	**12/18/2018**
NAME OF PROVIDER OR SUPPLIER **CARING FOR YOU SUPPORT CARE SERVICES LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2212 E MCBERRY ST** **TAMPA, FL 33610**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

On December 18, 2018, an initial licensure survey was conducted at Caring For You Support Care Services Assisted Living Facility. There was no deficient practice identified during the survey.