

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/07/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910121	(X3) DATE SURVEY COMPLETED R 12/15/2018
NAME OF PROVIDER OR SUPPLIER ROCKY CREEK VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 8606 BOULDER COURT TAMPA, FL 33615	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A revisit was conducted on Rocky Creek Village assisted living facility on 12/15/18 in conjunction with a complaint survey, CCR#2018015463. The deficient practice previously cited on 10/26/18 was corrected during the revisit.

(License # 5227)