STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967974	**12/27/2018**
NAME OF PROVIDER OR SUPPLIER **CAREGIVERS TOUCH ALF 2**	STREET ADDRESS, CITY, STATE, ZIP CODE **7525 N CAMERON AVE** **TAMPA, FL 33614**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

An abbreviated biennial re-licensure survey was conducted on 12/27/18 at Caregivers Touch Assisted Living Facility 2. There were no deficiencies identified during the survey.

(license # 11938)