STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968705	R **01/09/2019**
NAME OF PROVIDER OR SUPPLIER **SANTA SUSANA ASSISTED LIVING FACILITY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11407 LARKWOOD WAY** **TAMPA, FL 33625**	

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

0000 - Initial Comments

Assisted Living Facility

A second revisit to a 9/19/18 Biennial Survey was conducted at Santa Susana Assisted Living Facility on 01/09/2019. Santa Susan Assisted Living Facility had no deficient practice identified at the time of the survey.

(License #12568)