STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969262	**01/09/2019**
NAME OF PROVIDER OR SUPPLIER **GRANNIE'S HOME ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5554 PENTAIL CIR** **TAMPA, FL 33625**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint survey, CCR#2018015929, was conducted at Grannie's Home Assisted Living Facility on 1/9/2019. There was no deficient practice identified at the time of the survey.

(License # 13073)