STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967471	R **01/14/2019**
NAME OF PROVIDER OR SUPPLIER **HYDE PARK ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **3011 WEST DE LEON STREET** **TAMPA, FL 33609**	

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

0000 - Initial Comments

Assisted Living Facility

On January 14th, 2019 a Revisit Survey to a 11/21/18 Biennial Survey with Extended Congregate Care and Limited Mental Healrh was conducted in conjuction with a Revisit Survey to a 11/21/18 Complaint Survey (CCR#2018016757) and a Complaint Survey (CCR#2018017608) at Hyde Park Assisted Living. At the time of the survey, the facility had no deficiencies.

(License #11504)