

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/30/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967471	(X3) DATE SURVEY COMPLETED 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 Complaint Survey (CCR#2018017608) was conducted in conjunction with a Revisit Survey to a 1/21/18 Biennial Survey with Extended Congregate Care and Limited Mental Health and a Revisit Survey to a 11/21/18 Complaint Survey (CCR#2018016757) at Hyde Park Assisted Living. At the time of the survey, the facility had no deficiencies. (License #11504)		