STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968767	R **01/16/2019**
NAME OF PROVIDER OR SUPPLIER **DE LAS MERCEDES ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **7012 N ORLEANS AVE** **TAMPA, FL 33604**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit to the 9/27/2018 change of ownership with Limited Mental Health survey was conducted on 01/16/2019 at De Las Mercedes Assisted Living Facility (License#12623), an assisted living facility in Tampa, Florida. There were no deficiencies identified at the time of visit.