STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968764	**01/18/2019**
NAME OF PROVIDER OR SUPPLIER **LA CASA ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **9318 MEMORIAL HWY** **TAMPA, FL 33615**	

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

0000 - Initial Comments

Assisted Living Facility

A Monitoring Visit was conducted at La Casa Assisted Living Facility on 01/18/19.

(License#: 12615)