

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/12/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968822	(X3) DATE SURVEY COMPLETED R 01/25/2019
NAME OF PROVIDER OR SUPPLIER INSPIRED LIVING AT TAMPA	STREET ADDRESS, CITY, STATE, ZIP CODE 5130 KELLY RD TAMPA, FL 33634	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A revisit to a 12/6/18 complaint survey was conducted on 1/25/19 for Inspired Living At Tampa. The deficient practice previously cited on 12/6/18 was corrected during the review. License #12689.		