STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966361	**01/31/2019**
NAME OF PROVIDER OR SUPPLIER **CAREGIVERS TOUCH, A.L.F.**	STREET ADDRESS, CITY, STATE, ZIP CODE **4536 W IDLEWILD AVE** **TAMPA, FL 33614**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

On January 31, 2019, an abbreviated biennial re-licensure survey with limited mental health services (LMH) was conducted at Caregivers Touch Assisted Living Facility. There was no deficient practice identified at the time of the survey.

(License# 10588)