

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968636	(X3) DATE SURVEY COMPLETED 02/13/2019
NAME OF PROVIDER OR SUPPLIER ANGELS SENIOR LIVING AT NEW TAMPA, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 14712 N 42ND ST TAMPA, FL 33613	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility An Initial Limited Mental Health expansion Survey in conjunction with a Complaint Survey (CCR#: 2018018108 and 2019001645) was conducted at Angels Senior Living at New Tampa on 02/13/19. There was no deficient practice identified at Angels Senior Living at New Tampa related to the Limited Mental Health portion of the survey. (License#: 12507)		