

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/06/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910121	(X3) DATE SURVEY COMPLETED R 02/20/2019
NAME OF PROVIDER OR SUPPLIER ROCKY CREEK VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 8606 BOULDER COURT TAMPA, FL 33615	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments ASSISTED LIVING FACILITY A revisit was conducted on 2/20/2019 for Rocky Creek Village Assisted Living Facility. The deficient practice previously cited on 12/15/18 was corrected during the revisit. (License# 5227)		