STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966973	R **02/26/2019**
NAME OF PROVIDER OR SUPPLIER **AMOEDO'S ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3415 W IVY STREET** **TAMPA, FL 33607**	

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

0000 - Initial Comments

Assisted Living Facility
A revisit was conducted on 2/26/19 to a 1/5/19 monitoring visit for change of use of space at Amoedo's Alf, Inc. The deficient practice previously cited was corrected during the revisit.

License # 11149