STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966806	R **03/11/2019**
NAME OF PROVIDER OR SUPPLIER **YUDITH'S ASSISTED LIVING FACILITY II**	STREET ADDRESS, CITY, STATE, ZIP CODE **4415 WEST JEAN ST** **TAMPA, FL 33614**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A follow-up to a 1/16/2019 biennial survey was conducted for Yudith's Assisted Living Facility II on 3/11/19. The previously cited deficient practice was found corrected via desk review.

Lic #10958