STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968427	**03/12/2019**
NAME OF PROVIDER OR SUPPLIER **A LA MY LOVE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6821 DOVER CT** **TAMPA, FL 33634**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

On March 12, 2019, a biennial re-licensure survey was conducted at A La My Love Assisted Living Facility. There was no deficient practice identified during the survey,

(License# 12340)