

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/10/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966458	(X3) DATE SURVEY COMPLETED 03/22/2019
NAME OF PROVIDER OR SUPPLIER CENTRAL TAMPA ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 5010 40 STREET NORTH TAMPA, FL 33610	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A complaint investigation (CCR 2019000133) was conducted at Central Tampa Assisted Living on . Central Tampa Assisted Living had no deficiencies at the time of the investigation . (License #10691)		