STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942892	**03/27/2019**
NAME OF PROVIDER OR SUPPLIER **COLONIAL ASSISTED LIVING AT TAMPA FL**	STREET ADDRESS, CITY, STATE, ZIP CODE **11722 NORTH 17TH STREET** **TAMPA, FL 33612**	

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

0000 - Initial Comments

Assisted Living Facility

On [redacted], a Complaint Survey (CCR#2019000629, 2019001865 and 2019003916) was conducted at Colonial Assisted Living at Tampa FL. At the time of the survey, the facility had no deficiencies.

(License #5898)