STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968770	R **03/29/2019**
NAME OF PROVIDER OR SUPPLIER **MAYDEL ALF 2 CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **14910 N OLA AVE** **TAMPA, FL 33613**	

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

0000 - Initial Comments

A revisit to a biennial survey was conducted at Maydel ALF 2 Corp (Assisted Living Facility) on 3/29/19.
All deficiencies cited on 2/7/19 were found to be corrected at the time of the survey.

Lic #12628