

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/16/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966307	(X3) DATE SURVEY COMPLETED 04/01/2019
NAME OF PROVIDER OR SUPPLIER HUDSON MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 115 EAST DAVIS BLVD TAMPA, FL 33606	

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

0000 - Initial Comments

A complaint investigation (complaint # 2019001822) was conducted at Hudson Manor (Assisted Living Facility) on The facility had no deficiencies specific to the complaint at the time of the survey. License #10528