STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968636	R **04/03/2019**
NAME OF PROVIDER OR SUPPLIER **ANGELS SENIOR LIVING AT NEW TAMPA, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14712 N 42ND ST** **TAMPA, FL 33613**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit to 2/13/2019 complaint survey (CCR#: 2018018108 & 2019001645) was conducted at Angels Senior Living at New Tampa on 04/03/19. Angels Senior Living at New Tampa had no deficient practice identified at the time of survey.

(License#: 12507)