STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964801	**04/08/2019**
NAME OF PROVIDER OR SUPPLIER **ANGELS SENIOR LIVING AT PALMA CEIA**	STREET ADDRESS, CITY, STATE, ZIP CODE **3720 W BAY TO BAY BLVD.** **TAMPA, FL 33629**	

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

0000 - Initial Comments

A complaint investigation (CCR 2019003678) was conducted at Angels Senior Living at Palma Ceia (Assisted Living Facility) on , in conjunction with an abbreviated re-licensure survey. The provider had no deficiencies specific to the Complaint at the time of the visit.