STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968398	R **04/16/2019**
NAME OF PROVIDER OR SUPPLIER **SANTA LUCIA ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2706 WESTHIGH AVE** **TAMPA, FL 33614**	

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

0000 - Initial Comments

A follow-up to a 03/01/2019 biennial survey was conducted for Santa Lucia Assisted Living Facility (ALF) on 04/16/2019. The previously cited deficient practice was found corrected via desk review.