STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966869	**04/17/2019**
NAME OF PROVIDER OR SUPPLIER **ALBORADA ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6006 NORTH COOLIDGE AVENUE** **TAMPA, FL 33614**	

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

0000 - Initial Comments

An abbreviated re-licensure survey was conducted at Alborada ALF Inc (Assisted Living Facility) on 4/17/19. The provider had no deficiencies at the time of the visit.