

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/07/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967799	(X3) DATE SURVEY COMPLETED R 04/24/2019
NAME OF PROVIDER OR SUPPLIER VILLA LA ESPERANZA II LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 6021 WEST PARIS STREET TAMPA, FL 33634	

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

0000 - Initial Comments

A 2nd revisit to an 11/2/18 complaint was conducted at Villa La Esperanza II LLC on 4/24/2019 in conjunction with a third revisit to a 9/17/18 complaint. Villa La Esperanza had no deficiencies at the time of the visit.