STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966458	**04/24/2019**
NAME OF PROVIDER OR SUPPLIER **CENTRAL TAMPA ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **5010 40 STREET NORTH** **TAMPA, FL 33610**	

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

0000 - Initial Comments

A complaint investigation (complaint number 2019004838) in conjunction with a change of ownership (CHOW) survey was conducted at Central Tampa Assisted Living on 4/24/19. The facility had no deficiencies at the time of the investigation.