| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910067** | R<br>**04/29/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**MIGDALIA'S ACLF** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2302 NORTH LINCOLN AVENUE**<br>**TAMPA, FL 33607** | |

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

**0000 - Initial Comments**

A revisit survey to an abbreviated biennial survey was conducted on 4/29/19 at Migdalia's Aclf an Assisted Living Facility Tampa, Florida. At the time of the survey, the facility had no deficiencies.