STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942972	R **05/09/2019**
NAME OF PROVIDER OR SUPPLIER **ANGELS SENIOR LIVING AT SOUTH TAMPA**	STREET ADDRESS, CITY, STATE, ZIP CODE **3330 SOUTH MACDILL AVENUE** **TAMPA, FL 33629**	

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

0000 - Initial Comments

A revisit to a biennial survey was conducted on 5/9/19 at Angels Senior Living in Tampa, Florida . There were no deficiencies found at the time of the visit.