STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967533	R **05/28/2019**
NAME OF PROVIDER OR SUPPLIER **VINTAGE VILLAGE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **701 E VIRGINIA AVENUE** **TAMPA, FL 33603**	

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

0000 - Initial Comments

A follow-up to . . . . . biennial survey was conducted on . . . . . for Vintage Village Inc Assisted Living Facility. The previously cited deficient practice was found corrected via desk review.

0200 - Emergency Environmental Control - 58A-5.036 FAC