

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/10/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967471	(X3) DATE SURVEY COMPLETED R 05/23/2019
NAME OF PROVIDER OR SUPPLIER HYDE PARK ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 3011 WEST DE LEON STREET TAMPA, FL 33609	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A revisit survey was conducted on 5/23/19 at Hyde Park Assisted Living Facility in Tampa, Florida . This was a follow up to a complaint survey completed on 2/28/19. The deficiencies were corrected at the time of the revisit.		