

**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 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 ASSISTED LIVING FACILITY A complaint survey #2019003482 was conducted on 5/23/2019 in conjunction with a revisit to 2/28/19 complaint survey #2019001308, #2019001764 and 2019002525 at Hyde Park Assisted Living Facility. The facility had no deficiencies at the time of the survey.		