STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964801	R **05/30/2019**
NAME OF PROVIDER OR SUPPLIER **ANGELS SENIOR LIVING AT PALMA CEIA**	STREET ADDRESS, CITY, STATE, ZIP CODE **3720 W BAY TO BAY BLVD.** **TAMPA, FL 33629**	

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

0000 - Initial Comments

On May 30, 2019 a Revisit to a 4/8/19 Biennial survey was conducted at Angels Senior living at Palma Ceia. The facility had no deficienices at the time of the visit.