

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/18/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968822	(X3) DATE SURVEY COMPLETED 06/04/2019
NAME OF PROVIDER OR SUPPLIER INSPIRED LIVING AT TAMPA	STREET ADDRESS, CITY, STATE, ZIP CODE 5130 KELLY RD TAMPA, FL 33634	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A complaint investigation (complaint number 2019008088) was conducted at Inspired Living at Tampa (Assisted Living Facility), in conjunction with a re-licensure survey with Limited Nursing Services, on 6/4/19. The provider had no deficiencies at the time of the visit.		