STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968822	**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 re-licensure survey with Limited Nursing Services was conducted at Inspired Living at Tampa (Assisted Living Facility), in conjunction with complaint investigation #2019008088, on 6/4/19. The provider had no deficiencies at the time of the visit.