

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/21/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967799	(X3) DATE SURVEY COMPLETED R 06/18/2019
NAME OF PROVIDER OR SUPPLIER VILLA LA ESPERANZA II LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 6021 WEST PARIS STREET TAMPA, FL 33634	

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

0000 - Initial Comments

A follow-up survey was conducted on 06/18/2019 for Villa La Esperanza II Assisted Living Facility. Previous cited deficiencies were corrected via desk review.