

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 03/24/2017  
FORM APPROVED

|                                                                                                                                                                                                                                                                                                                                                    |                                                                                             |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11964801</b>                 | (X3) DATE SURVEY COMPLETED<br><br><b>03/13/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ANGELS SENIOR LIVING AT PALMA CEIA</b>                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3720 W BAY TO BAY BLVD.<br/>TAMPA, FL 33629</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                            |                                                                                             |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>Assisted Living Facility</p> <p>An unannounced abbreviated re-licensure survey was conducted on 03/13/2017 at Angels Senior Living at Palma Ceia, (License # 9298), an assisted living facility in Tampa, Florida. There were no deficiencies found at the time of the visit.</p> <p>(License # 9298)</p> |                                                                                             |                                                     |