STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968177	R **05/16/2017**
NAME OF PROVIDER OR SUPPLIER **YOUR HOUSE ALF 2**	STREET ADDRESS, CITY, STATE, ZIP CODE **5816 N GRADY AVE** **TAMPA, FL 33614**	

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

0000 - Initial Comments

Assisted Living Facility

A follow up visit to a biennial survey was conducted at Your House ALF 2 on 5/16/17.
Your House ALF2 had no deficiencies at the time of the visit.
Lic # 12104