

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/03/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967783	(X3) DATE SURVEY COMPLETED R 10/27/2017
NAME OF PROVIDER OR SUPPLIER SANCTUARY OF PEACE ALF LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7611 NORTH BOULEVARD STREET TAMPA, FL 33604	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A revisit was conducted at Sanctuary of Peace on 10/27/17. The deficient practice previously cited 7/19/17 was corrected during the revisit. (License # 11764)		