

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/15/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967691	(X3) DATE SURVEY COMPLETED 11/30/2017
NAME OF PROVIDER OR SUPPLIER MIRACLE ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 8716 WEST FOUNTAIN AVENUE TAMPA, FL 33615	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A biennial survey was conducted at Miracle Assisted Living Facility on 11/30/2017. Miracle Assisted Living Facility had no deficient practiced identified at the time of survey. License: 11704		