STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968588	R **03/02/2018**
NAME OF PROVIDER OR SUPPLIER **GRACE HOUSE OF TAMPA**	STREET ADDRESS, CITY, STATE, ZIP CODE **13315 ORANGE GROVE DR** **TAMPA, FL 33618**	

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

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 3/02/18 to the biennial relicensure survey of 2/12/18. At the time of the desk review, it was determined that the previously cited deficiencies at Grace House of Tampa , Assisted Living Facility, had been corrected.

(License # 12472)