

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/01/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967691	(X3) DATE SURVEY COMPLETED 04/09/2018
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 complaint investigation (CCR#2018001265) was conducted at Miracle Assisted Living Facility on 4/9/18. Miracle Assisted Living Facility did not have any deficiencies at the time of the investigation . (License # 11704)		