

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/24/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968270	(X3) DATE SURVEY COMPLETED 04/30/2018
NAME OF PROVIDER OR SUPPLIER SERENITY HOME OF TAMPA ALF, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 6013 CRESTHILL DR TAMPA, FL 33615	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

On April 30, 2018, an abbreviated biennial re-licensure survey was conducted at Serenity Home of Tampa assisted living facility. There was no deficient practice identified during the survey.

(License# 12218)