STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910033	**05/07/2018**
NAME OF PROVIDER OR SUPPLIER **CONCORDIA VILLAGE OF TAMPA BAY**	STREET ADDRESS, CITY, STATE, ZIP CODE **4100 E. FLETCHER AVENUE** **TAMPA, FL 33613**	

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

0000 - Initial Comments

Assisted Living Facility

An Abbreviated Biennial with Limited Nursing Services done in conjunction with a complaint survey CCR#2018006263 was conducted at John Knox Village of Tampa Bay Assisted Living Facility on 05/7/2018. John Knox Village of Tampa Bay Assisted Living Facility had no deficient practice identified at the time of the survey.

License: 4110