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 unannounced Complaint survey (CCR# 2018006263) was conducted on 5/7/18 in conjunction with an abbreviated Biennial survey with Limited Nursing Services (LNS).

The John Knox Village of Tampa Bay, Assisted Living Facility (License #4110), had no deficiencies at the time of this visit.