

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/20/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967783	(X3) DATE SURVEY COMPLETED R 07/19/2018
NAME OF PROVIDER OR SUPPLIER SANCTUARY OF PEACE ALF LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7611 NORTH BOULEVARD STREET TAMPA, FL 33604	

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

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 7/19/18 to the biennial state relicensure survey of 5/15/18. At the time of the desk review, it was determined that the previously cited deficiency at Sanctuary of Peace ALF had been corrected.

(License # 11764)