STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910033	R **08/28/2018**
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

A follow-up to a 07/11/2018 Change of Ownership survey was conducted at Concordia Village of Tampa Bay on 08/28/2018. The previously cited deficiencies were found corrected via desk review.