

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 09/28/2018  
FORM APPROVED

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| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11968356</b>                 | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><br><b>09/11/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CARING FOR YOU ASSISTED LIVING FACILITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2212 E MCBERRY ST</b><br><b>TAMPA, FL 33610</b> |                                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                             |                                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>Undefined Facility</p> <p>On 09/11/2018, a revisit to a 07/19/2018 biennial licensure survey was conducted in conjunction with a revisit to complaint (CCR#2018009808), monitoring visit for well-being and unlicensed activity was conducted at Caring for you Assisted Living, located at 2212 East McBerry Street, Tampa, FL 33610. It was determined that the Facility was closed and no longer operated as an assisted living facility at the time of the visit. There were no deficiencies at the time of the survey.</p> |                                                                                             |                                                                     |