STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968588	**12/06/2018**
NAME OF PROVIDER OR SUPPLIER **GRACE HOUSE OF TAMPA**	STREET ADDRESS, CITY, STATE, ZIP CODE **13315 ORANGE GROVE DR** **TAMPA, FL 33618**	

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

0000 - Initial Comments

Assisted Living Facility

An expansion survey for a Capacity Increase of one additional bed was conducted at Grace House of Tampa Assisted Living Facility on 12/06/2018. Grace House of Tampa Assisted Living Facility had no deficient practice identified at the time of the survey.

License: 12472