STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968418	**12/20/2018**
NAME OF PROVIDER OR SUPPLIER **CAMERON ALF III CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **3202 W MINNEHAHA ST** **TAMPA, FL 33614**	

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

0000 - Initial Comments

Assisted Living Facility

An Abbreviated Biennial survey was conducted at Cameron Assisted Living Facility III on 12/20/2018. Cameron Assisted Living Facility III had no deficiencies identified at the time of the survey.

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