STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969136	R **03/19/2019**
NAME OF PROVIDER OR SUPPLIER **C&V ASSISTED LIVING CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **6005 N CAMERON AVE** **TAMPA, FL 33614**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A follow-up to a 1/28/19 biennial survey was conducted on 03/19/2019 for C & V ALF Corp Assisted Living Facility. The previously cited deficient practice was found corrected via desk review. Lic #12961