STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910038	R **04/26/2019**
NAME OF PROVIDER OR SUPPLIER **RENAISSANCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **16001 LAKESHORE VILLA DRIVE** **TAMPA, FL 33613**	

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

0000 - Initial Comments

Assisted Living

A Revisit to 02/19/19 Biennial Survey was conducted in conjunction with a Complaint Investigation (Complaint Number: 2019005366) at Renaissance Tampa Assisted Living Facility on 04/26/19. Deficiencies were found to be corrected at the time of survey.