STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910033	**05/15/2019**
NAME OF PROVIDER OR SUPPLIER **CONCORDIA VILLAGE OF TAMPA BAY**	STREET ADDRESS, CITY, STATE, ZIP CODE **4100 E. FLETCHER AVENUE** **TAMPA, FL 33613**	

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

0000 - Initial Comments

Assisted Living

A Limited Nursing Services Monitoring Visit and a Complaint Investigation (Complaint Number: 2019002913 and 2019005647) was conducted at Concordia Village of Tampa Assisted Living Facility on 05/15/19. The Facility had no deficiencies at the time of the visit.