

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/31/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910033	(X3) DATE SURVEY COMPLETED 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 complaint investigation (Complaint Number: 2019002913 and 2019005647) and a Limited Nursing Services Monitoring Visit was conducted at Concordia Village of Tampa Assisted Living Facility on 05/15/19. The facility had no deficiencies at the time of the survey.		