Agency for Health Care Administration

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11910145 | A. BUILDING: _____ B. WING _____ | 02/03/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SANDPIPER ALF | 6439 FIRST AVENUE, SOUTH SAINT PETERSBURG, FL 33707 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| A 000 | Initial Comments<br><br>Assisted Living Facility<br><br>A Biennial state licensure survey with Limited Mental Health (LMH) was conducted at Sandpiper Assisted Living Facility on 2/3/2017. Sandpiper Assisted Living Facility had no deficient practice identified at the time of visit.<br><br>(License # 7268) | A 000 | | |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910145** | **02/03/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**SANDPIPER ALF** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**6439 FIRST AVENUE, SOUTH**<br>**SAINT PETERSBURG, FL 33707** | |

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

**0000 - Initial Comments**

Assisted Living Facility

A Biennial state licensure survey with Limited Mental Health (LMH) was conducted at Sandpiper Assisted Living Facility on 2/3/2017. Sandpiper Assisted Living Facility had no deficient practice identified at the time of visit.

(License # 7268)