

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/24/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966841	(X3) DATE SURVEY COMPLETED R 02/10/2017
NAME OF PROVIDER OR SUPPLIER LINET TENDER LOVING CARE ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4239 53RD AVE NORTH SAINT PETERSBURG, FL 33714	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility An unannounced, revisit to 12/28/2016 abbreviated biennial survey was conducted on 2/10/2017 at Linet Tender Loving Care. The previously cited deficiencies were corrected during the revisit. License: 10978		