

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910478	(X3) DATE SURVEY COMPLETED R 04/05/2017
NAME OF PROVIDER OR SUPPLIER INN AT THE FOUNTAINS	STREET ADDRESS, CITY, STATE, ZIP CODE 1255 PASADENA AVENUE, S. SAINT PETERSBURG, FL 33707	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Desk Review was conducted on 04/05/17. The deficiency previously identified during a complaint survey on 02/18/17, CCR# 2016014014 was corrected during the review. Lic # 83		