STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965635	**03/31/2017**
NAME OF PROVIDER OR SUPPLIER **CASA BUENA**	STREET ADDRESS, CITY, STATE, ZIP CODE **6021 1ST AVENUE NORTH** **SAINT PETERSBURG, FL 33710**	

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

0000 - Initial Comments

On March 31, 2017 an abbreviated biennial re- licensure survey was conducted at Casa Buena Manor an assisted living facility.
There was no deficient practice identified during the survey.
License #10013