STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953595	R **04/28/2017**
NAME OF PROVIDER OR SUPPLIER **ADDINGTON PLACE AT COLLEGE HARBOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **4600 54TH AVENUE, SOUTH** **SAINT PETERSBURG, FL 33711**	

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

0000 - Initial Comments

Assisted Living Facility

A Desk Review was conducted on 04/28/17. The deficient practice previously identified during the 03/22/17 Biennial Survey was corrected.

Lic # 6140