

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968024	(X3) DATE SURVEY COMPLETED R 05/08/2017
NAME OF PROVIDER OR SUPPLIER BRISTOL COURT ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3479 54TH AVE N SAINT PETERSBURG, FL 33714	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A revisit to 3/27/17 complaint CCR#2017003176 survey conducted at Bristol Court Assisted Living Facility on 5/8/2017. Bristol Court Assisted Living Facility had no deficient practice identified at the time of survey. License: 11970		