

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910478	(X3) DATE SURVEY COMPLETED 05/11/2017
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 On May 11, 2017, a biennial re-licensure survey with limited nursing services (LNS) was conducted at Inn at the Fountains, assisted living facility. There was no deficient practice identified at the time of the visit. (License # 83)		