STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968310	**06/06/2017**
NAME OF PROVIDER OR SUPPLIER **INSPIRED LIVING AT IVY RIDGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7179 4OTH AVE N** **SAINT PETERSBURG, FL 33709**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2017004425), was conducted at Inspired Living at Ivy Ridge on June 6, 2017. No deficient practice was identified at the time of the visit.

(License # 12224)