STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965725	**06/08/2017**
NAME OF PROVIDER OR SUPPLIER **VISIONDEL ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **5012 NORTH RIDGE ST N** **SAINT PETERSBURG, FL 33709**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced, abbreviated, re-licensure survey with limited mental health (LMH) was conducted on 06/08/2017 at Visiondel ALF(License # 10076), an assisted living facility in Saint Peterburg, Florida.
There were no deficiencies identified at the time of visit.
License # 10076