| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964399** | **06/19/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**GEORGIA'S PLACE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2101 7TH STREET, SOUTH**<br>**SAINT PETERSBURG, FL 33705** | |

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

**0000 - Initial Comments**

Assisted Living Facility

A Biennial state licensure survey with Limited Mental Health (LMH) was conducted at Georgia's Place, Assisted Living Facility, on 6/19/2017. Georgia's Place, Assisted Living Facility, had no deficiencies at the time of the visit.

(License # 8966)