

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910160	(X3) DATE SURVEY COMPLETED 06/22/2017
NAME OF PROVIDER OR SUPPLIER AZALEA MANOR OF ST. PETERSBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 112 12TH AVENUE NORTH SAINT PETERSBURG, FL 33701	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility Off Hours complaint investigations (CCR# 2017003581 & CCR# 2017005357) were conducted at Azalea Manor of St Petersburg, assisted living facility, on 6/22/17. Azalea Manor of St Petersburg had no deficiencies at the time of the investigation. (License # 5405)		