STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967749	R **06/28/2017**
NAME OF PROVIDER OR SUPPLIER **ANGEL CARE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **4301 31ST ST SOUTH** **SAINT PETERSBURG, FL 33712**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit to 05/15/2017 complaint ccr# 2017003940 survey conducted at Angle Care Assisted Living Facility on 06/28/2017. Angle Care Assisted Living Facility had no deficient practice identified during survey.

License: 11734