

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/17/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968024	(X3) DATE SURVEY COMPLETED R 07/11/2017
NAME OF PROVIDER OR SUPPLIER BRISTOL COURT ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3479 54TH AVE N SAINT PETERSBURG, FL 33714	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A desk review was conducted on 7/11/17 to the biennial with limited nursing services (LNS) of 5/26/17. At the time of the desk review, it was determined that the previously cited deficiencies had been corrected. (License # 11970)		