

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/17/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932390	(X3) DATE SURVEY COMPLETED R 06/28/2017
NAME OF PROVIDER OR SUPPLIER AMELIA ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 2135 40TH AVENUE N. SAINT PETERSBURG, FL 33714	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A revisit to 5/24/17 Biennial Survey with limited mental health was completed at Amelia Assisted Living Facility on 6/28/2017. Amelia Assisted Living Facility had no deficient practice at the time of survey . License: 1052		