STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968698	R **08/02/2017**
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF ST PETERSBURG**	STREET ADDRESS, CITY, STATE, ZIP CODE **3600 34TH STREET SOUTH** **SAINT PETERSBURG, FL 33711**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit was conducted on 8/02/2017 for Grand Villa of St. Petersburg (Lic. #12561). The deficient practice previously cited on 6/19/2017 was corrected during the visit.