

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/11/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932390	(X3) DATE SURVEY COMPLETED 07/28/2017
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 complaint investigation, (CCR# 2017007470), was conducted at Amelia ALF on 7/28/17. Amelia ALF had no deficiencies at the time of the investigation. (License # 1052)		