STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953622	**09/22/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE AT BAY PINES**	STREET ADDRESS, CITY, STATE, ZIP CODE **9797 BAY PINES BLVD** **SAINT PETERSBURG, FL 33708**	

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

0000 - Initial Comments

Assisted Living Facility

On September 22, 2017, a biennial state licensure with limited nursing services (LNS) in conjunction with a complaint survey, (CCR# 2017010221), was conducted at Brookdale at Bay Pines, Assisted Living Facility. No deficiencies were identified.

(License # 8057)