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

A complaint investigation, (CCR# 2017010221), was conducted at Brookdale Bay Pines, Assisted Living Facility, on 9/22/17. Brookdale Bay Pines had no deficiencies at the time of the investigation.

(License # 8057)