STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964399	R **09/27/2017**
NAME OF PROVIDER OR SUPPLIER **GEORGIA'S PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2101 7TH STREET, SOUTH** **SAINT PETERSBURG, FL 33705**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit to complaint survey, (CCR# 2017009115), of 8/16/17 was conducted on 9/27/17 for Georgia's Place. The deficient practice previously cited on 8/16/17 was corrected during the revisit.

(License # 8966)