STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964399	**10/20/2017**
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

On October 20, 2017, a monitoring visit for Residents' Well-Being regarding bed bugs was conducted at Georgia's Place. Deficient practice was not identified during the visit.

(License # 8966)