

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 12/12/2017  
FORM APPROVED

|                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                |                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11968024</b>                    | (X3) DATE SURVEY COMPLETED<br><br><b>11/27/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>BRISTOL COURT ASSISTED LIVING</b>                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3479 54TH AVE N<br/>SAINT PETERSBURG, FL 33714</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                               |                                                                                                |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>Assisted Living Facility</p> <p>Two complaint investigations, (CCR# 2017010813 and CCR# 2017013649), were conducted at Bristol Court Assisted Living on 11/27/17, in conjunction with a revisit to the 9/25/17 complaint survey, (CCR# 2017010662). Bristol Court Assisted Living had no deficiencies at the time of the visit.</p> <p>(License # 11970)</p> |                                                                                                |                                                     |