STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968674	R **11/30/2017**
NAME OF PROVIDER OR SUPPLIER **AMELIA'S HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7175 53RD ST** **PINELLAS PARK, FL 33781**	

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

0000 - Initial Comments

Assisted Living Facility

A 2nd revisit to 8/8/17 and 10/9/17 complaint survey, (CCR# 2017008439), was conducted in conjunction with a revisit to 10/9/17 complaint survey, (CCR# 2017010018 and CCR# 2017009268), at Amelia's House on 11/30/17. Previous deficient practice related to complaint survey, (CCR# 2017008439), was corrected during the visit.

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