STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910801	**12/14/2017**
NAME OF PROVIDER OR SUPPLIER **SUNCOAST MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **1095 PINELLAS POINT DR S** **SAINT PETERSBURG, FL 33705**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

On December 14, 2017, an abbreviated biennial re-licensure survey was conducted at Westminster Suncoast. There was no deficient practice identified during the survey.

License # 6535