

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/25/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968630	(X3) DATE SURVEY COMPLETED 01/04/2018
NAME OF PROVIDER OR SUPPLIER OSPREY HEALTH CARE CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 6775 40TH AVE NORTH SAINT PETERSBURG, FL 33709	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility An unannounced Capacity Increase survey, in conjunction with a Change of Ownership (CHOW) state licensure survey with Extended Congregate Care (ECC) and a complaint survey, was conducted on 1/4/18. The Bloom of St Petersburg, (formerly Osprey Health Care Center LLC), Assisted Living Facility, (License # 12498), had no deficiencies related to the capacity increase at the time of this visit.		