

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968630	(X3) DATE SURVEY COMPLETED R 02/06/2018
NAME OF PROVIDER OR SUPPLIER BLOOM AT ST PETERSBURG	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

A desk review was conducted on 2/06/18 to the Change of Ownership (CHOW) state licensure survey with Extended Congregate Care (ECC) of 1/04/18. At the time of the desk review, it was determined that the previously cited deficiency at Bloom at St. Petersburg, (formerly Osprey Health Care Center LLC), had been corrected.

(License # 12498)