| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965635** | **02/06/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**CASA BUENA** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**6021 1ST AVENUE NORTH**<br>**SAINT PETERSBURG, FL 33710** | |

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

**0000 - Initial Comments**

Assisted Living Facility

An unannounced Complaint investigation (CCR#2017015817) was conducted on 2/6/18.

The Casa Buena Assisted Living Facility (License# 10013), had no deficiencies at the time of this visit.