STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968554	**02/06/2018**
NAME OF PROVIDER OR SUPPLIER **CHRISTOPHER'S PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3586 53RD AVE NORTH** **SAINT PETERSBURG, FL 33714**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

On February 6, 2018, a biennial re-licensure survey with limited mental health (LMH) services was conducted at Christopher's Place Retirement Home assisted living facility. There was no deficient practice identified at the time of the surveys.

License # 12478