

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/23/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968674	(X3) DATE SURVEY COMPLETED R 02/07/2018
NAME OF PROVIDER OR SUPPLIER AMELIA'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 7175 53RD ST PINELLAS PARK, FL 33781	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A 2nd revisit to 10/9/17 (11/30/17) complaint (CCR 2017010018 & 2017009268) was conducted on 2/7/18 at Amelia's House. The deficient practice previously cited on 11/30/17 was corrected during the visit. (License # 12566)		