STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967749	**02/13/2018**
NAME OF PROVIDER OR SUPPLIER **ANGEL CARE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **4301 31ST ST SOUTH** **SAINT PETERSBURG, FL 33712**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation (CCR 2018000985) was conducted at Angel Care Assisted Living Facility on in conjunction with a revisit to complaint (CCR 2017015429 & 2017014452) and a revisit to biennial survey. Angel Care Assisted Living Facility had a deficiency at the time of the investigation.

(License #11734)

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation and interview, the facility failed to honor resident rights and post the phone number to the Agency Consumer Hotline in close proximity to a telephone.

Findings included:

During a survey conducted at the facility on , there was no observation of a posting of the phone number for the Agency Consumer Hotline anywhere in the building.

The Assistant Administrator was interviewed at 4:09 PM on concerning the lack of posting of the telephone number for the Agency Consumer Hotline. The Assistant Administrator stated that they did not have a posting and that it was something they needed to do.

Class III