STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967749	R **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

On February 13, 2018 a Revisit to a 12/28/17 Biennial survey in conjunction with a Revisit to 12/28/17 complaints CCR#20170154429 & CCR#2017014452 and a Complaint CCR#2018000985 survey was conducted at Angel Care Assisted Living. All previously cited deficiencies were corrected at the time of the visit.
(license #11734)