

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910805	(X3) DATE SURVEY COMPLETED R 03/14/2018
NAME OF PROVIDER OR SUPPLIER CARING ANGELS	STREET ADDRESS, CITY, STATE, ZIP CODE 6405 40TH AVENUE, NORTH SAINT PETERSBURG, FL 33709	

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

0000 - Initial Comments

Assisted Living Facility

A revisit was conducted on 3/14/18 for Caring Angels. The deficient practice previously cited on 1/29/18 was corrected during the revisit.

License 7175