

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968024	(X3) DATE SURVEY COMPLETED R 04/02/2018
NAME OF PROVIDER OR SUPPLIER BRISTOL COURT ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3479 54TH AVE N SAINT PETERSBURG, FL 33714	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A revisit survey to a complaint investigation, (CCR# 2017015128), was conducted at Bristol Court Assisted Living on 4/2/18. The deficient practice previously cited on 2/8/18 was corrected during the revisit . License # 11970		