

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910478	(X3) DATE SURVEY COMPLETED R 04/24/2018
NAME OF PROVIDER OR SUPPLIER INN AT THE FOUNTAINS	STREET ADDRESS, CITY, STATE, ZIP CODE 1255 PASADENA AVENUE, S. SAINT PETERSBURG, FL 33707	

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

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 4/24/18 to the complaint survey, (CCR# 2018001293), of 3/06/18 through 3/08/18. At the time of the desk review, it was determined that the previously cited deficiency had been corrected.

(License # 83)