STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942986	**04/30/2018**
NAME OF PROVIDER OR SUPPLIER **NURSE'S HELPING HANDS ALF INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **7191 71ST STREET NORTH** **PINELLAS PARK, FL 33781**	

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

0000 - Initial Comments

Assisted Living Facility

A Monitoring Survey was conducted on 4/30/18.

The Nurse's Helping Hands Alf Inc., Assisted Living Facility /License #8372, had no deficiencies at the time of this visit.