

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968310	(X3) DATE SURVEY COMPLETED 05/24/2018
NAME OF PROVIDER OR SUPPLIER INSPIRED LIVING AT IVY RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 7179 40TH AVE N SAINT PETERSBURG, FL 33709	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility On May 24, 2018 a Complaint, (CCR# 2018003469) survey was conducted at Inspired Living at Ivy Ridge. No deficiencies were identified at the time of the visit. (license# 12224)		