

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967286	(X3) DATE SURVEY COMPLETED R 06/06/2018
NAME OF PROVIDER OR SUPPLIER LOVING CARE OF ST PETERSBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 9TH STREET NORTH SAINT PETERSBURG, FL 33701	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments ASSISTED LIVING FACILITY A follow-up to the 4/16/18 biennial survey at Loving Care of St. Petersburg was conducted on 06/06/2018. The previously cited deficiencies were found corrected.		