

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967749	(X3) DATE SURVEY COMPLETED R 05/30/2018
NAME OF PROVIDER OR SUPPLIER ANGEL CARE ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4301 31ST ST SOUTH SAINT PETERSBURG, FL 33712	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A 3rd Revisit to a 12/28/17 Complaint (CCR#2017015429 and 2107014452) survey was conducted at Angel Care Assisted Living Facility on 5/30/2018. Angel Care Assisted Living Facility had no deficiencies at the time of the visit. (License #11734)		