

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/22/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967749	(X3) DATE SURVEY COMPLETED R 04/13/2018
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 Revisit to 2/13/18 Complaint (CCR#2018000985) was conducted at Angel Care Assisted Living Facility on 4/13/18 in conjunction with a 2nd Revisit to 12/28/17 & 2/13/18 Complaint CCR#2017015429 & 2107014452. The deficient practice previously cited on 2/13/18 was corrected during the visit.

(license #11734)