

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968630	(X3) DATE SURVEY COMPLETED 06/12/2018
NAME OF PROVIDER OR SUPPLIER BLOOM AT ST PETERSBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 6775 40TH AVE NORTH SAINT PETERSBURG, FL 33709	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Complaint investigation (CCR#2018004344) was conducted at Bloom At St. Petersburg on 6/12/18. Bloom At St. Petersburg had no deficiencies at the time of the investigation. License (#12498)		