STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968674	R **08/07/2018**
NAME OF PROVIDER OR SUPPLIER **AMELIA'S HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7175 53RD ST** **PINELLAS PARK, FL 33781**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A revisit was conducted on 8/7/18 for Amelia's House. At the time of the survey, the facility had no deficient practice.

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