STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932380	R **10/04/2018**
NAME OF PROVIDER OR SUPPLIER **FOUNDATIONAL HEALTH ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **10591 BAY PINES BLVD** **SAINT PETERSBURG, FL 33708**	

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

0000 - Initial Comments

A follow-up to a 06/04/2018 complaint investigation was conducted on 10/4/2018. The previously cited deficient practice was found corrected via desk review. (Lic # 7797)