STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968688	R **10/16/2018**
NAME OF PROVIDER OR SUPPLIER **LONGLEAF ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **3935 43RD AVE N** **SAINT PETERSBURG, FL 33714**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A follow-up to a 08/29/2018 biennial survey was conducted for Longleaf Assisted Living Facility (license #12564) on 10/16/2018. The previously cited deficient practice was found corrected via desk review.