STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964831	R **10/08/2018**
NAME OF PROVIDER OR SUPPLIER **ARBOR OAKS AT TYRONE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1701 68 STREET, NORTH** **SAINT PETERSBURG, FL 33710**	

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

0000 - Initial Comments

Assisted Living Facility

A Revisit to an 08/15/2018 complaint survey was conducted on 10/8/18 for Arbor Oaks at Tyrone. The deficient practice previously cited on 8/15/18 was corrected during the review. License # 9299.