STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964831	**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

Amended:

A Complaint investigation (CCR#2018014263) was conducted at Arbor Oaks At Tyrone on 10/8/18. Arbor Oaks At Tyrone had no deficiencies at the time of the investigation.

License (#9299)

An amended Statement of Deficiencies was issued on 10/30/2018.