

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910145	(X3) DATE SURVEY COMPLETED 10/18/2018
NAME OF PROVIDER OR SUPPLIER SANDPIPER ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 6439 FIRST AVENUE, SOUTH SAINT PETERSBURG, FL 33707	

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

0000 - Initial Comments

Assisted Living Facility

A complaint survey (CCR#2018011112) was conducted on 10/18/2018 at Sandpiper Assisted Living Facility (License #7268), an assisted living facility located in St. Petersburg, Florida. There were no deficiencies identified during the survey.