STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968630	R **10/18/2018**
NAME OF PROVIDER OR SUPPLIER **BLOOM AT ST PETERSBURG**	STREET ADDRESS, CITY, STATE, ZIP CODE **6775 40TH AVE NORTH** **SAINT PETERSBURG, FL 33709**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A revisit was conducted on 10/18/18 for Bloom at St Petersburg Assisted Living Facility. The deficient practice previously cited on 8/29/18 was corrected during the revisit.

(License# 12498)