

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967749	(X3) DATE SURVEY COMPLETED 10/23/2018
NAME OF PROVIDER OR SUPPLIER ANGEL CARE ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4301 31ST ST SOUTH SAINT PETERSBURG, FL 33712	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A survey for Capacity Increase from 76 to 82 beds was conducted on 10/23/18, in conjunction with a Complaint investigation (CCR# 2018013381). The Angel Care Assisted Living Facility (License # 11734) had no deficiencies at the time of this visit; capacity increase recommended.		