

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968674	(X3) DATE SURVEY COMPLETED R 11/02/2018
NAME OF PROVIDER OR SUPPLIER AMELIA'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 7175 53RD ST PINELLAS PARK, FL 33781	

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

0000 - Initial Comments

A revisit was conducted on 11/2/18 at Amelia's House Assisted Living Facility. The deficient practice previously cited on 09/4/18 was corrected during the revisit.

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