STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910160	R **01/15/2019**
NAME OF PROVIDER OR SUPPLIER **AZALEA MANOR OF ST. PETERSBURG**	STREET ADDRESS, CITY, STATE, ZIP CODE **112 12TH AVENUE NORTH** **SAINT PETERSBURG, FL 33701**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A follow-up to an 11/28/2018 biennial survey was conducted on 01/15/2019. The previously cited deficiencies were found corrected via desk review.

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