

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/29/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968630	(X3) DATE SURVEY COMPLETED R 01/11/2019
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 to an 11/13/18 Complaint Survey (CCR#: 2018014589) in conjunction with a Complaint Survey (CCR#: 2018018762, 2019000400, and 2019000459) and in conjunction with an Extended Congregate Care Monitoring Visit was conducted at Bloom at Saint Petersburg Assisted Living Facility on 01/11/19. Bloom at Saint Petersburg Assisted Living Facility had no deficiency related to the Revisit portion of the survey.

(License#: 12498)