

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/29/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942986	(X3) DATE SURVEY COMPLETED 01/11/2019
NAME OF PROVIDER OR SUPPLIER NURSE'S HELPING HANDS ALF INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 7191 71ST STREET NORTH PINELLAS PARK, FL 33781	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility An Abbreviated Biennial licensure survey was conducted on 1/11/19. The Nurse's Helping Hands Alf Inc., Assisted Living Facility /License #8372, had no deficiencies at the time of this visit.		