

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/12/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967749	(X3) DATE SURVEY COMPLETED 01/25/2019
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 Complaint investigation (CCR# 2018018072) was conducted on 1/25/19. The Angel Care Assisted Living Facility (License # 11734) had no deficiencies at the time of this visit.		