STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932390	**01/25/2019**
NAME OF PROVIDER OR SUPPLIER **AMELIA ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **2135 40TH AVENUE N.** **SAINT PETERSBURG, FL 33714**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A complaint survey (CCR#2019000701) was conducted at Amelia Assisted Living Facility on 1/25/19. At the time of the survey, the facility had no deficient practice.

(License# 1052)