

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/10/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968630	(X3) DATE SURVEY COMPLETED R 03/26/2019
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 01/11/19 Extended Congregate Care Monitoring Visit in conjunction with a Revisit to 01/11/19 Complaint Survey (CCR#: 2018018762, 2019000400, and 2019000459) was conducted at Bloom at Saint Petersburg Assisted Living Facility on 03/26/19. Bloom at Saint Petersburg Assisted Living Facility had no deficient practice at the time of the survey.

(License#: 12498)