STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968630	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 a 01/11/19 Complaint Survey (CCR#: 2018018762, 2019000400, and 2019000459) in conjunction with a Revisit to a 01/11/19 Extended Congregate Care Monitoring Visit 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)