

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/18/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967286	(X3) DATE SURVEY COMPLETED 04/03/2019
NAME OF PROVIDER OR SUPPLIER LOVING CARE OF ST PETERSBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 9TH STREET NORTH SAINT PETERSBURG, FL 33701	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A complaint survey (CCR#2019003647) in conjunction with a revisit to a Complaint (CCR# 2019001353 and CCR# 2018018414) and a second revisit to a complaint (CCR# 2018015617) was conducted on at Loving Care of St. Petersburg (License #11357) an Assisted Living Facility in St. Petersburg, FL. The facility had no deficiencies at the time of the survey.		