| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967286** | R<br>**04/03/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**LOVING CARE OF ST PETERSBURG** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1001 9TH STREET NORTH**<br>**SAINT PETERSBURG, FL 33701** | |

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

**0000 - Initial Comments**

Assisted Living Facility

A revisit to a 2/13/19 Complaint (CCR# 2019001353 and CCR# 2018018414) in conjunction with a second revisit to a 12/5/18 Complaint (CCR# 2018015617) and a complaint survey (CCR#2019003647) was conducted on 04/03/2019 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.