STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967286	R **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 second revisit to a 12/5/18 Complaint (CCR# 2018015617) in conjunction with a revisit to a 2/13/19 Complaint (CCR# 2019001353 and CCR# 2018018414) and complaint survey (CCR#2019003647) was conducted on 04/03/2019 at Loving Care of St. Petersburg (License #11357) an Assisted Living Facility located in St. Petersburg FL. The facility had no deficiencies at the time of the survey.