STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965635	**04/08/2019**
NAME OF PROVIDER OR SUPPLIER **CASA BUENA**	STREET ADDRESS, CITY, STATE, ZIP CODE **6021 1ST AVENUE NORTH** **SAINT PETERSBURG, FL 33710**	

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

0000 - Initial Comments

Assisted Living Facility

On . . . . a post closure monitoring visit was conducted at Casa Buena Manor. There was no indication the facility was operating at the time of the visit.