

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/29/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910478	(X3) DATE SURVEY COMPLETED 04/09/2019
NAME OF PROVIDER OR SUPPLIER INN AT THE FOUNTAINS	STREET ADDRESS, CITY, STATE, ZIP CODE 1255 PASADENA AVENUE, S. SAINT PETERSBURG, FL 33707	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility On April 9th, 2019 a Complaint Survey (#2019001081) was conducted at Inn at the Fountains. At the time of the survey, the facility had no deficiencies. (License #83)		