STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910145	**04/23/2019**
NAME OF PROVIDER OR SUPPLIER **SANDPIPER ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6439 FIRST AVENUE, SOUTH** **SAINT PETERSBURG, FL 33707**	

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

0000 - Initial Comments

A re-licensure survey with Limited Mental Health (LMH) was conducted at Sandpiper ALF (Assisted Living Facility) on 4/23/19. The provider had no deficiencies at the time of the visit.