STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910801	**05/01/2019**
NAME OF PROVIDER OR SUPPLIER **WESTMINSTER SUNCOAST**	STREET ADDRESS, CITY, STATE, ZIP CODE **1095 PINELLAS POINT DR S** **SAINT PETERSBURG, FL 33705**	

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

0000 - Initial Comments

A complaint investigation (complaint number 2019001512) was conducted at Westminster Suncoast (Assisted Living Facility) on 5/1/19. The facility had no deficiencies at the time of the survey.