STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968554	**05/21/2019**
NAME OF PROVIDER OR SUPPLIER **CHRISTOPHER'S PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3586 53RD AVE NORTH** **SAINT PETERSBURG, FL 33714**	

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

0000 - Initial Comments

On 05/21/19 a monitoring survey was conducted in conjunction with a complaint survey (Complaint Number 2019004374 and Complaint Number 2019004392). There were no deficiencies identified on the date of the survey.