STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967286	**06/06/2019**
NAME OF PROVIDER OR SUPPLIER **LOVING CARE OF ST PETERSBURG**	STREET ADDRESS, CITY, STATE, ZIP CODE **1001 9TH STREET NORTH** **SAINT PETERSBURG, FL 33701**	

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

0000 - Initial Comments

A complaint survey (complaint number 2019006043) was conducted at Loving Care of St. Petersburg Assisted Living Facility on 06/06/2019. Loving Care Of St. Petersburg Assisted Living Facility had no deficient practice identified at the time of the survey.