STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953622	**06/10/2019**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE AT BAY PINES**	STREET ADDRESS, CITY, STATE, ZIP CODE **9797 BAY PINES BLVD** **SAINT PETERSBURG, FL 33708**	

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

0000 - Initial Comments

A complaint investigation (complaint numbers 2019004600 and 2019006056) was conducted at Brookdale Bay Pines (Assisted Living Facility) on 6/10/19. The facility had no deficiencies at the time of the survey.