

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968630	(X3) DATE SURVEY COMPLETED 05/31/2017
NAME OF PROVIDER OR SUPPLIER OSPREY HEALTH CARE CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 6775 40TH AVE NORTH SAINT PETERSBURG, FL 33709	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility An unannounced complaint survey, (CCR# 2017005794), was conducted on 05/31/2017 at Osprey Health Care Center, (License # 12498), an assisted living facility, in Saint Petersburg, Florida. There were no deficiencies identified at the time of the visit. (License # 12498)		