

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 04/15/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967892	(X3) DATE SURVEY COMPLETED 04/11/2016
NAME OF PROVIDER OR SUPPLIER ADKINSON RETIREMENT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 58TH ST N CLEARWATER, FL 33760	

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

0000 Initial Comments

Assisted Living Facility

A monitoring visit was conducted at Adkinson Retirement Home. No deficient practice was identified during the survey.