

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/19/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910197	(X3) DATE SURVEY COMPLETED 12/13/2016
NAME OF PROVIDER OR SUPPLIER CURLEW CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2730 CURLEW ROAD CLEARWATER, FL 34621	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

An unannounced Biennial, re-licensure survey with Extended Congregate Care (ECC) was conducted on 12/13/16 at Curlew Care of Clearwater. Curlew Care of Clearwater had no deficient practice at the time of the survey.

License # 5980



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 19, 2016

Administrator
Curlw Care
2730 Curlw Road
Clearwater, FL 34621

Dear Administrator

This letter reports findings of a biennial state licensure survey with extended congregate care (ECC) that was conducted on December 13, 2016 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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