STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965659	R **03/16/2017**
NAME OF PROVIDER OR SUPPLIER **EMERALD GARDENS INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **2159 MCMULLEN BOOTH ROAD** **CLEARWATER, FL 33759**	

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

0000 - Initial Comments

Assisted Living Facility

A Desk Review was conducted on 03/16/17. The deficiencies previously identified during the relicensure survey were corrected during the review.

Lic # 9997

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