

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/03/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967203	(X3) DATE SURVEY COMPLETED 03/21/2017
NAME OF PROVIDER OR SUPPLIER IMMACULATE HOUSE AT COUNTRYSIDE	STREET ADDRESS, CITY, STATE, ZIP CODE 2542 COUNTRYSIDE PINES DRIVE CLEARWATER, FL 33761	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility An unannounced Complaint survey (CCR# 2017000601) was conducted on 3/21/17. The Immaculate House at Countryside, Assisted Living Facility (License # 11233), had no deficiencies at the time of this visit. Complaint was not substantiated.		