

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/11/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910810	(X3) DATE SURVEY COMPLETED 03/31/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE PINECREST	STREET ADDRESS, CITY, STATE, ZIP CODE 1150 8TH AVENUE, S.W. LARGO, FL 33770	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A complaint investigation, (CCR# 2017001014), was conducted at Brookdale Pinecrest, (Lic. # 93), on 3/31/17. Brookdale Pinecrest, Assisted Living Facility, had no deficiencies at the time of the investigation.		