| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11943161** | R<br>**04/05/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**BEST CARE ALF** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1430 PALMETTO STREET**<br>**CLEARWATER, FL 33755** | |

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

**0000 - Initial Comments**

Assisted Livinf Facility

A follow up to an abbreviated Biennial with LMH was conducted at Best Care A.L.F. on 4/5/17.
Best Care A.L.F. had no deficiencies at the time of the visit.
Licence # 8472