STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942886	R **05/09/2017**
NAME OF PROVIDER OR SUPPLIER **COUNTRYSIDE HAVEN**	STREET ADDRESS, CITY, STATE, ZIP CODE **6960 CR 95** **PALM HARBOR, FL 34684**	

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

0000 - Initial Comments

Assisted Living Facility

A Desk Review was conducted on 05/09/17. The deficient practice identified during the CHOW Survey on 04/18/17 was corrected during the review.

Lic # 5305