STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963835	R **05/01/2017**
NAME OF PROVIDER OR SUPPLIER **CHATEAU BLANC**	STREET ADDRESS, CITY, STATE, ZIP CODE **711 CASLER AVENUE** **CLEARWATER, FL 33755**	

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

0000 - Initial Comments

Assisted Living Faclity

A follow up visit to a biennial survey was conducted at Chateau Blanc II Assisted Living on 5/1/17. Chateau Blanc had no deficiencies at the time of the visit.

License # 8775