STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965400	R **06/09/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE SAFETY HARBOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **3141 NORTH MCMULLEN BOOTH ROAD** **CLEARWATER, FL 33761**	

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

0000 - Initial Comments

Assisted Living Facility

A Desk Review for Brookdale Safety Harbor was conducted on 06/09/17. The deficient practice identified during the Biennial Survey of 04/24/17 was corrected during the review.

Lic # 9748