STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967203	R **06/22/2017**
NAME OF PROVIDER OR SUPPLIER **IMMACULATE HOUSE AT COUNTRYSIDE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2542 COUNTRYSIDE PINES DRIVE** **CLEARWATER, FL 33761**	

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

0000 - Initial Comments

Assisted Living Facility

A Desk Review was conducted on 06/22/17. The deficient practice identified during Complaint Survey #CCR2017004299 on 05/11/17 was corrected during the review.

Lic # 11233