| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11963853** | R<br>**07/12/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**EVERGREEN MANOR RETIREMENT HOME** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**3297 S.R. 580**<br>**SAFETY HARBOR, FL 34695** | |

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

**0000 - Initial Comments**

Assisted Living Facility

A desk review was conducted on 7/12/17 to the complaint survey, (CCR# 2017003934) of 6/05/17. It was determined at the time of the desk review, that the previously cited deficiencies had been corrected.

(License # 8760)