

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965634	(X3) DATE SURVEY COMPLETED 07/12/2017
NAME OF PROVIDER OR SUPPLIER ELMCROFT OF CARROLLWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 2626 WEST BEARSS AVENUE CARROLLWOOD, FL 33618	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility On July 12, 2017 a complaint CCR# 2017004516 survey was conducted at Elmcroft of Carrollwood. No deficiencies were identified during the visit. (license #9981)		