STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963974	**07/31/2017**
NAME OF PROVIDER OR SUPPLIER **AMERICAN ADVANCED SENIOR CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2298 BELLEAIR ROAD** **CLEARWATER, FL 33764**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint survey, (CCR# 2017008107), was done in conjunction with a change of ownership (CHOW) state licensure survey at American Advanced Senior Care, Assisted Living Facility, on 07/31/2017. American Advanced Senior Care, Assisted Living Facility, had no deficient practice identified at the time of the visit.

(License # 8782)