STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964485	**07/20/2017**
NAME OF PROVIDER OR SUPPLIER **SYLVAN TERRACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2770 REGENCY OAKS BLVD** **CLEARWATER, FL 33759**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2017005888), was conducted at Sylvan Terrace Assisted Living Facility on 08/21/2017. Sylvan Terrace, Assisted Living Facility, had no deficiencies at the time of the visit.

(License # 9037)