

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/18/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965343	(X3) DATE SURVEY COMPLETED 10/04/2017
NAME OF PROVIDER OR SUPPLIER CHRISTIAN MANOR OF CLEARWATER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1845 N. KEENE ROAD CLEARWATER, FL 33755	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Monitoring Visit for Closure & Resident Well-Being (Unlicensed Activity) at Christian Manor of Clearwater (License #9718 - expired 10/2/17) was conducted on 10/4/17. A Notice of Unlicensed Activity was served; receipt signed by the Owner/Administrator on 10/4/17 at 10:50am.		