STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964130	R **10/12/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CLEARWATER**	STREET ADDRESS, CITY, STATE, ZIP CODE **2750 DREW STREET** **CLEARWATER, FL 33759**	

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

0000 - Initial Comments

Assisted Living Facility

A 2nd revisit to the complaint survey, (CCR# 2017003986), of 6/22/17, in conjunction with a revisit to a biennial re-licensure survey was conducted on 10/12/2017 at Brookdale Clearwater, an assisted living facility, in Clearwater, Florida. At the time of this 2nd revisit, it was determined the deficient practice previously cited on 6/22/17 was corrected.

(License # 6670)