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 revisit to a biennial relicensure survey with limited nursing services (LNS) conducted on 10/12/17, in conjunction with a 2nd revisit to 06/22/17 complaint survey, (CCR# 2017003986), at Brookdale Clearwater, an assisted living facility.
The deficiencies previously cited were found to be corrected at the time of the revisit.

(License # 6670)