STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968646	**10/18/2017**
NAME OF PROVIDER OR SUPPLIER **SEASONS LARGO**	STREET ADDRESS, CITY, STATE, ZIP CODE **4175 EAST BAY DR** **CLEARWATER, FL 33764**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced complaint investigation, (CCR# 2017010456), was conducted at Seasons Largo on 10/18/17.

The Seasons Largo, Assisted Living Facility, had no deficiencies at the time of this visit.

(License # 12518)