STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910810	R **10/30/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PINECREST**	STREET ADDRESS, CITY, STATE, ZIP CODE **1150 8TH AVENUE, S.W.** **LARGO, FL 33770**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit survey at Brookdale Pinecrest, Assisted Living Facility, was conducted on 10/30/17. The deficient practice previously cited on the biennial state licensure survey of 8/28/17 was corrected during the review.

(License # 93)