STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910608	R **11/01/2017**
NAME OF PROVIDER OR SUPPLIER **PEMBROOK PLACE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **1623 ROBINHOOD LANE** **CLEARWATER, FL 33764**	

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

0000 - Initial Comments

Assisted Living Facility

A 2nd revisit was conducted on 11/01/17 at Pembrook Place II, Assisted Living Facility. The deficient practice previously cited on 5/25/17 & 8/09/17 was corrected during this 2nd revisit.

(License # 7581)