

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/05/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910197	(X3) DATE SURVEY COMPLETED 11/20/2017
NAME OF PROVIDER OR SUPPLIER CURLEW CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2730 CURLEW ROAD CLEARWATER, FL 34621	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A complaint investigation, (CCR# 2017010101), was conducted at Curlew Care of Clearwater on 11/20/17. Curlew Care of Clearwater, Assisted Living Facility, had no deficiencies at the time of the investigation. (License # 5908)		