STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963974	**11/20/2017**
NAME OF PROVIDER OR SUPPLIER **AMERICAN ADVANCED SENIOR CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2298 BELLEAIR ROAD** **CLEARWATER, FL 33764**	

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

0000 - Initial Comments

Assisted Living Facility

A Monitoring Visit for Residents' Well-Being was conducted at American Advanced Senior Care on 11/20/17, in conjunction with a revisit to 9/22/17 complaint surveys, (CCR# 2017010723 and CCR# 2017010245), and a 2nd revisit to the 9/22/17 & 7/31/17 change of ownership (CHOW) state licensure survey. There was no deficient practice related to the monitoring visit.

(License # 8782)