STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910842	R **01/03/2018**
NAME OF PROVIDER OR SUPPLIER **OAKS OF CLEARWATER, THE**	STREET ADDRESS, CITY, STATE, ZIP CODE **420 BAY AVENUE** **CLEARWATER, FL 33756**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced revisit to a 12/6/17 complaint survey, (CCR# 2017011238), was conducted on 1/3/18, in conjunction with an unannounced biennial state licensure survey with Limited Nursing Services (LNS).

The Oaks of Clearwater, Assisted Living Facility, had corrected the deficiency identified on 12/6/17.

(License # 4818)