

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/17/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910842	(X3) DATE SURVEY COMPLETED 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 On January 3, 2018, a Biennial re-licensure survey with Limited Nursing Services (LNS) in conjunction with a revisit to complaint surveys, (CCR# 2017011238 & CCR# 2017011238), of 12/06/17. There was no deficient practice identified during the surveys. (License # 4818)		