

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/25/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965400	(X3) DATE SURVEY COMPLETED R 01/24/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE SAFETY HARBOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3141 NORTH MCMULLEN BOOTH ROAD CLEARWATER, FL 33761	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A desk review was conducted on 1/24/18 to the complaint survey, (CCR# 2017010477), of 11/29/17. At the time of the desk review, it was determined that the previously cited deficiency at Brookdale Safety Harbor, Assisted Living Facility, had been corrected. (License # 9748)		