STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963974	R **01/26/2018**
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 3rd revisit to a 7/31/17 change of ownership (CHOW) survey was conducted on 1/26/18 at American Advanced Senior Care in conjunction with a 2nd revisit to a 9/22/17 complaint (CCR 2017010723 & 2017010245). The deficient practice previously cited on 9/21/17 and 7/31/17 related to this 3rd revisit was corrected.

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