| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11963835** | R<br>**02/12/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**CHATEAU BLANC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**711 CASLER AVENUE**<br>**CLEARWATER, FL 33755** | |

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

**0000 - Initial Comments**

Assisted Living Facility

A revisit was conducted on 2/12/18 at Chateau Blanc II. The deficient practice previously cited on 11/20/17 was corrected during the revisit.

License # 8775