STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910197	R **02/14/2018**
NAME OF PROVIDER OR SUPPLIER **CURLEW CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2730 CURLEW ROAD** **CLEARWATER, FL 34621**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced Revisit to 12/21/17 Complaint investigation (CCR#2017011768) was conducted on 2/14/18.

The Curlew Care of Clearwater (License #59080) corrected all deficiencies cited on 12/21/17.