

AGENCY FOR HEALTH CARE
ADMINISTRATION

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968254	(X3) DATE SURVEY COMPLETED 02/22/2018
NAME OF PROVIDER OR SUPPLIER THE PRESERVE AT CLEARWATER	STREET ADDRESS, CITY, STATE, ZIP CODE 2010 GREENBRIAR BLVD CLEARWATER, FL 33763	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Complaint investigation (CCR#2017014921) was conducted at The Preserve At Clearwater on 2/22/18. The Preserve At Clearwater had no deficiencies at the time of the investigation . License (#12158)		