STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967203	R **03/12/2018**
NAME OF PROVIDER OR SUPPLIER **IMMACULATE HOUSE AT COUNTRYSIDE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2542 COUNTRYSIDE PINES DRIVE** **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 3/12/18 to the biennial survey of 1/25/18. At the time of the desk review, it was determined that the previously cited deficiency at Immaculate House at Countryside, Assisted Living Facility, was corrected.

(License # 11233)