STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953623	R **03/15/2018**
NAME OF PROVIDER OR SUPPLIER **EAGLES**	STREET ADDRESS, CITY, STATE, ZIP CODE **6928 122ND DRIVE** **LARGO, FL 33773**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit was conducted on 3/15/2018 for Eagles (Lic. #8594). The deficient practice previously cited on 1/22/2018 was corrected during the visit.