STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968646	**04/02/2018**
NAME OF PROVIDER OR SUPPLIER **SEASONS LARGO**	STREET ADDRESS, CITY, STATE, ZIP CODE **4175 EAST BAY DR** **CLEARWATER, FL 33764**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A complaint investigation (CCR#2018002226) was conducted at Seasons Largo assisted living facility on 4/2/2018 in conjunction with a biennial re-licensure survey. There were no deficiencies related to the complaint at the time of the investigation.

(License # 12518)