

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910810	(X3) DATE SURVEY COMPLETED R 04/16/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE PINECREST	STREET ADDRESS, CITY, STATE, ZIP CODE 1150 8TH AVENUE, S.W. LARGO, FL 33770	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Revisit Survey was conducted on 04/16/18 for Brookdale Pinecrest. The deficient practice previously cited on 1/31/18 was corrected during the review. License # 93.		