STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964829	**04/23/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLOVERDALE INN	**1114 W. COUNTY LINE ROAD** **LUTZ, FL 33558**

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

0000 - Initial Comments

Assisted Living Facility

An unannounced, abbreviated, biennial survey was conducted on 4/23/18 at Cloverdale Inn (License 9332), an assisted living facility in Lutz, Florida. There were no deficiencies identified during the survey.