STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965659	R **05/15/2018**
NAME OF PROVIDER OR SUPPLIER **EMERALD GARDENS INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **2159 MCMULLEN BOOTH ROAD** **CLEARWATER, FL 33759**	

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

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 5/15/18 to the extended congregate care (ECC) monitoring visit of 3/27/18. At the time of the desk review, it was determined that the previously cited deficiency had been corrected.

(License # 9997)