

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/21/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943141	(X3) DATE SURVEY COMPLETED 05/08/2018
NAME OF PROVIDER OR SUPPLIER ELZAIDA'S TENDER CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 804 SOUTH BELCHER ROAD CLEARWATER, FL 33764	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility An unannounced Monitoring survey was conducted at Elzaida's Tender Care, Assisted Living Facility /License #7280 on 5/8/18.		