STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968646	R **05/22/2018**
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 desk review was conducted on 5/22/18 to the biennial state relicensure survey of 4/02/18. At the time of the desk review, it was determined that the previously cited deficiencies at Seasons Largo, Assisted Living Facility, had been corrected.

(License # 12518)