STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910608	R **05/26/2018**
NAME OF PROVIDER OR SUPPLIER **PEMBROOK PLACE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **1623 ROBINHOOD LANE** **CLEARWATER, FL 33764**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit survey (CCR #2018000817) was conducted on 5/14/18-5/26/18 at Pembrooke Pines II. The deficiencies that were previously cited on 3/20/18 were corrected during this visit. License (#7581)