

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/06/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943141	(X3) DATE SURVEY COMPLETED R 06/20/2018
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 A revisit was conducted to a monitoring for resident well-being and staffing on 6/20/2018 at Elzaida's Tender Care. License 7280		