

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943141	(X3) DATE SURVEY COMPLETED 06/22/2018
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 monitoring visit for closure was conducted on 6/22/18 at Elzaida's Tender Care. License #7280,		