

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/15/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910842	(X3) DATE SURVEY COMPLETED 08/01/2018
NAME OF PROVIDER OR SUPPLIER OAKS OF CLEARWATER, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 420 BAY AVENUE CLEARWATER, FL 33756	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Complaint investigation (CCR#2018009266 & 2018009642 & 2018009788) was conducted on 8/1/18. The Oaks of Clearwater, Assisted Living Facility (License# 4818), had no deficiencies at the time of this visit.		