STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966266	R **08/02/2018**
NAME OF PROVIDER OR SUPPLIER **CANTERBURY DREAMS**	STREET ADDRESS, CITY, STATE, ZIP CODE **675 CANTERBURY RD** **CLEARWATER, FL 33764**	

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

0000 - Initial Comments

Assisted Living Facility

On August 2, 2018 a Revisit to 5/21/18 Biennial Survey in conjunction with Complaint CCR#2018009738 survey was conducted at Canterbury Dreams. No deficiencies were identified at the time of the visit.

(License #10506)