

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/28/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963974	(X3) DATE SURVEY COMPLETED R 08/10/2018
NAME OF PROVIDER OR SUPPLIER AMERICAN ADVANCED SENIOR CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2298 BELLEAIR ROAD CLEARWATER, FL 33764	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A 4th Revisit to 9/22/17 Complaint CCR 2017010723 and 2017010245 was conducted at American Advanced Senior Care on 8/10/18. The deficient practice previously cited on 4/6/18 was corrected during the visit. (License #8782)		