STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967339	R **08/28/2018**
NAME OF PROVIDER OR SUPPLIER **ACCORDIA WOODS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1889 CURLEW ROAD** **PALM HARBOR, FL 34683**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A follow-up was conducted to a 07/11/2018 biennial survey on 08/28/2018. The previously cited deficiencies were found corrected via desk review.