

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/25/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964130	(X3) DATE SURVEY COMPLETED 09/10/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE CLEARWATER	STREET ADDRESS, CITY, STATE, ZIP CODE 2750 DREW STREET CLEARWATER, FL 33759	

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

0000 - Initial Comments

Assisted Living Facility

An Limited Nursing Services (LNS) monitoring survey was conducted in conjunction with a complaint survey, on 9/10/18.

The Brookdale Clearwater, Assisted Living Facility /License #6670, had no deficiencies at the time of this visit.