STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964130	**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

A complaint investigation (CCR #2018010187 and #2018012556) was conducted, in conjunction with a Limited Nursing Services (LNS) monitoring survey, at Brookdale Clearwater on 9/10/18. Brookdale Clearwater had no deficiencies at the time of the investigation.

License (#6670)