STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965917	R **09/24/2018**
NAME OF PROVIDER OR SUPPLIER **CABOT COVE ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **455 BELCHER RD S** **LARGO, FL 33771**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A follow-up to an 8/15/18 biennial survey was conducted for Cabot Cove Assisted Living Facility on 9/24/18. The previously cited deficient practice was found corrected via desk review.

License #10249