

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964485	(X3) DATE SURVEY COMPLETED R 09/25/2018
NAME OF PROVIDER OR SUPPLIER SYLVAN TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2770 REGENCY OAKS BLVD CLEARWATER, FL 33759	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments ASSISTED LIVING FACILITY A follow-up to an 8/8/18 biennial survey was conducted for Sylvan Terrace on 09/25/2018. The previously cited deficient practice was found corrected via desk review. License # 9037		