STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963853	**10/12/2018**
NAME OF PROVIDER OR SUPPLIER **EVERGREEN MANOR RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **3297 S.R. 580** **SAFETY HARBOR, FL 34695**	

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

0000 - Initial Comments

Assisted Living Facility

On October 12th, 2018 a Complaint Survey (CCR#2018011466) was conducted at Evergreen Manor Retirement Home. At the time of the survey, the facility had no defciencies.

(License# 8760)