

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965634	(X3) DATE SURVEY COMPLETED R 11/19/2018
NAME OF PROVIDER OR SUPPLIER ELMCROFT OF CARROLLWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 2626 WEST BEARSS AVENUE CARROLLWOOD, FL 33618	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A revisit to a 04/30/18 Complaint Survey (CCR#: 2018003328 and 2018002523) in conjunction with a revisit to a 04/30/18 Change of Ownership Survey was conducted at Elmcroft of Carrollwood on 11/19/18. Elmcroft of Carrollwood had no deficiencies at the time of the survey. (License#: 9981)		