STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910149	R **11/29/2018**
NAME OF PROVIDER OR SUPPLIER **AMER HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1918 BARRINGTON DRIVE, W.** **CLEARWATER, FL 33763**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A revisit was conducted on 11/29/18 for Amer Home Assisted Living Facility. The deficient practice previously cited on 9/17/18 had been corrected.

(License # 6644)