STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910197	**12/07/2018**
NAME OF PROVIDER OR SUPPLIER **CURLEW CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2730 CURLEW ROAD** **CLEARWATER, FL 34621**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint survey (CCR# 2018015706) in conjunction with biennial Survey with Extended Congregate Care was conducted on 12/7/2018 at Curlew Care of Clearwater (License # 5908) an Assisted Living Facility in Clearwater, FL. There were no deficiencies noted at the time of survey.

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