STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969441	R **12/20/2018**
NAME OF PROVIDER OR SUPPLIER **MEMORIAL ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14801 54TH WAY N** **CLEARWATER, FL 33760**	

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

0000 - Initial Comments

A revisit to an initial licensure survey was conducted on 12/20/18 for Memorial Assisted Living Facility.
The deficient practice previously cited on 12/5/18 was corrected during the revisit.