STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922348	R **01/23/2019**
NAME OF PROVIDER OR SUPPLIER **HILLSIDE GARDENS II**	STREET ADDRESS, CITY, STATE, ZIP CODE **3434 ZARA WAY** **CLEARWATER, FL 33761**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A follow-up to a 12/04/2018 biennial licensure survey was conducted on 01/23/2019 for Hillside Gardens II (license #8007). The previously cited deficient practice was found corrected via desk review.