

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/15/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964130	(X3) DATE SURVEY COMPLETED R 02/04/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE CLEARWATER	STREET ADDRESS, CITY, STATE, ZIP CODE 2750 DREW STREET CLEARWATER, FL 33759	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A revisit to an 11/27/18 complaint survey was conducted on 2/4/19 for Brookdale Clearwater. At the time of the survey, the facility had no deficient practice. License #6670.		