

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/15/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968646	(X3) DATE SURVEY COMPLETED R 02/01/2019
NAME OF PROVIDER OR SUPPLIER SEASONS LARGO	STREET ADDRESS, CITY, STATE, ZIP CODE 4175 EAST BAY DR CLEARWATER, FL 33764	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A second revisit to a 9/27/18 complaint (CCR#2018014186) in conjunction with a revisit to an 11/29/2018 complaint investigation (CCR 2018015306 and 2018015468) was conducted on 02/01/2019 at Seasons Largo (License #12518), an Assisted Living Facility in Largo, FL. There were no deficiencies noted at the time of the visit.		