STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968646	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 revisit to an 11/29/2018 complaint investigation (CCR 2018015306 and 2018015468) in conjunction with second revisit to a 9/27/18 complaint (CCR#2018014186) was conducted on 02/01/2019 at Seasons Largo (License #12518) an Assisted Living Facility in Largo, FL. There were no deficiencies at the time of the visit.