

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/13/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964130	(X3) DATE SURVEY COMPLETED 02/26/2019
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 complaint survey (CCR#2018018782) was conducted at Brookdale Clearwater Assisted Living Facility on 2/26/19. There was no deficient practice identified at the time of the survey.

(License# 6670)