STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965634	**03/19/2019**
NAME OF PROVIDER OR SUPPLIER **ELMCROFT OF CARROLLWOOD**	STREET ADDRESS, CITY, STATE, ZIP CODE **2626 WEST BEARSS AVENUE** **CARROLLWOOD, FL 33618**	

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

0000 - Initial Comments

Assisted Living Facility

On March 19th, 2019 a Complaint Survey (CCR#2019001054) was conducted at Elmcroft of Carrollwood. At the time of the survey, the facility had no deficiencies.

(License #9981)