STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968254	**04/05/2019**
NAME OF PROVIDER OR SUPPLIER **THE PRESERVE AT CLEARWATER**	STREET ADDRESS, CITY, STATE, ZIP CODE **2010 GREENBRIAR BLVD** **CLEARWATER, FL 33763**	

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

0000 - Initial Comments

Assisted Living Facility

An Extended Congregate Care Monitoring survey was conducted at The Preserve at Clearwater on April 5, 2019. There were no deficiencies at the time of the visit.

(License # 12158)