

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/03/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965400	(X3) DATE SURVEY COMPLETED 04/18/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE SAFETY HARBOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3141 NORTH MCMULLEN BOOTH ROAD CLEARWATER, FL 33761	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Complaint Survey (CCR#: 2019002306) was conducted at Atria Countryside Assisted Living Facility on 04/18/19. The Facility had no deficiencies at the time of the survey. (License#: 9748)		