STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965659	R **04/29/2019**
NAME OF PROVIDER OR SUPPLIER **EMERALD GARDENS INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **2159 MCMULLEN BOOTH ROAD** **CLEARWATER, FL 33759**	

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

0000 - Initial Comments

A follow-up to a 3/12/19 biennial survey was conducted for Emerald Gardens on 4/29/19. The previously cited deficient practice was found corrected via desk review.