STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965400	**05/22/2019**
NAME OF PROVIDER OR SUPPLIER **ATRIA COUNTRYSIDE**	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 biennial re-licensure survey was conducted at Atria Countryside Assisted Living Facility on 5/22/19.
The facility had no deficiencies at the time of the survey.