STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943161	R **05/22/2019**
NAME OF PROVIDER OR SUPPLIER **BEST CARE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **1430 PALMETTO STREET** **CLEARWATER, FL 33755**	

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

0000 - Initial Comments

A revisit survey was conducted on 5/22/19 at Best Care ALF an Assisted Living Facility in Clearwater , Florida . This was a follow up to an abbreviated survey with limited mental health and generator. There were no deficiencies found at the time of the visit.