STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968254	**06/13/2019**
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

A complaint investigation (complaint number 2019007746) in conjunction with a relicensure survey with extended congregate care was conducted at The Preserve at Clearwater on 06/12/2019 to 06/13/2019. The facility had no deficiencies at the time of survey.