

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/25/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963853	(X3) DATE SURVEY COMPLETED 06/20/2019
NAME OF PROVIDER OR SUPPLIER EVERGREEN MANOR RETIREMENT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3297 S.R. 580 SAFETY HARBOR, FL 34695	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An Extended Congregate Care (ECC) monitoring survey and a complaint survey was conducted at the Evergreen Manor Retirement Home on 6/20/19. The provider had no deficiencies at the time of the visit.		