STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953623	R **09/28/2017**
NAME OF PROVIDER OR SUPPLIER **EAGLES**	STREET ADDRESS, CITY, STATE, ZIP CODE **6928 122ND DRIVE** **LARGO, FL 33773**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit was conducted on 9/28/17 for Eagles (Lic. #8594). The deficient practice previously cited on 6/21/17 was corrected during the visit.