STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968254	R **09/29/2017**
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 revisit to The Preserve at Clearwater for the Change of Ownership (CHOW PROVISIONAL for the period 6/30/17 to 12/29/17) with Extended Congregate Care survey was conducted on 9/29/17. The deficient practice previously cited on 8/15/17 was corrected during the re-visit.
License # 12158.