

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/23/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965634	(X3) DATE SURVEY COMPLETED R 03/16/2018
NAME OF PROVIDER OR SUPPLIER ELMCROFT OF CARROLLWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 2626 WEST BEARSS AVENUE CARROLLWOOD, FL 33618	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A desk review was conducted to a complaint survey, (CCR# 2017014962), of 2/01/18. At the time of the desk review, it was determined that the previously cited deficiencies had been corrected. (License # 9981)		