

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910608	(X3) DATE SURVEY COMPLETED 03/20/2018
NAME OF PROVIDER OR SUPPLIER PEMBROOK PLACE II	STREET ADDRESS, CITY, STATE, ZIP CODE 1623 ROBINHOOD LANE CLEARWATER, FL 33764	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility An unannounced Extended Congregate Care (ECC) monitoring survey was conducted, in conjunction with a complaint survey, on 3/20/18. The Pembroke Place II, Assisted Living Facility /License #7581, had no deficiencies at the time of this visit.		