STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965634	R **09/05/2018**
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 Revisit to 07/10/18 Complaint Survey (CCR#: 2018005192) in conjunction with a Second Revisit to 04/30/18 Change of Ownership Survey in conjunction with a Second Revisit to 04/30/18 Complaint Survey (CCR#: 2018003328 & 2018002523) in conjunction with a Complaint Survey (CCR#: 2018010302) was conducted at Elmcroft of Carrollwood Assisted Living Facility on 09/05/18. Elmcroft of Carrollwood Assisted Living Facility corrected previously cited deficiencies at the time of the survey .

A Generator Monitoring Survey was conducted in conjunction with the Revisit . There was no deficient practice identified related to the Generator Monitoring portion of the survey.

(License#: 9981)