STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965634	**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 Complaint Survey (CCR#: 2018010302) in conjunction with 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) was conducted at Elmcroft of Carrollwood Assisted Living Facility on 09/05/18. There was no deficient practice identified at Elmcroft of Carrollwood Assisted Living Facility at the time of the survey.

(License#: 9981)