STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965400	**02/05/2019**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE SAFETY HARBOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **3141 NORTH MCMULLEN BOOTH ROAD** **CLEARWATER, FL 33761**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

A Complaint Survey (CCR#: 2018018257, 2018018422, and 2018018316) was conducted at Atria Countryside Assisted Living Facility on 02/05/19. There was no deficient practice identified at Atria Countryside Assisted Living Facility at the time of the survey.

(License#: 9748)