

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/16/2017
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NAME OF PROVIDER OR SUPPLIER BREAD AND ROSES	STREET ADDRESS, CITY, STATE, ZIP CODE 1560 SOUTH HIGHLAND AVENUE CLEARWATER, FL 33756
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	<p>INITIAL COMMENTS</p> <p>A Desk Review Revisit to the Licensure survey ending on 7/17/17 was conducted on 8/16/17 at Bread and Roses, an abortion clinic located in Clearwater, Fl. License #778.</p> <p>All deficiencies were corrected.</p>	{A 000}		

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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