STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965361	R **02/27/2017**
NAME OF PROVIDER OR SUPPLIER **EAST LAKE MANOR, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **722 EAST LAKE ROAD** **TARPON SPRINGS, FL 34688**	

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

0000 - Initial Comments

Assisted Living Facility

A Desk Review was conducted on 02/27/17. The deficient practice previously cited during Complaint Survey CCR# 2016012936 was corrected during the review.