

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/15/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910784	(X3) DATE SURVEY COMPLETED 05/01/2017
NAME OF PROVIDER OR SUPPLIER ST MARK VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2655 NEBRASKA AVENUE PALM HARBOR, FL 34684	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility An unannounced, abbreviated Biennial licensure survey was conducted on 5/1/17. St Mark Village Inc, Assisted Living Facility (License #5340), had no deficiencies at the time of this visit.		