

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910784	(X3) DATE SURVEY COMPLETED 05/25/2017
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 A complaint investigation, CCR# 2017001481, was conducted at St Mark Village Inc. on 5/25/17. St Mark Village Inc. had no deficiencies at the time of the visit. (License # 5340)		