

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/13/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966476	(X3) DATE SURVEY COMPLETED R 06/06/2017
NAME OF PROVIDER OR SUPPLIER CLARKE'S ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 48 EMERSON DRIVE NW MELBOURNE, FL 32907	

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

0000 - Initial Comments

A revisit to a monitoring survey was conducted on 6/6/2017. Clarke's Assisted Living Facility with Limited Mental Health (LMH), License #10686 had no deficiencies at the time of the visit.