STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965700	**06/06/2017**
NAME OF PROVIDER OR SUPPLIER **MAPLE LEAF ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **24 MEAD PLACE** **STUART, FL 34997**	

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

0000 - Initial Comments

An unannounced Limited Nursing Services monitoring survey was conducted on 6/6/17 at Maple Leaf Assisted Living Facility (license # 10059). The facility had no deficiencies identified during the survey.