STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964456	R **06/30/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE TARPON SPRINGS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1651 SOUTH PINELLAS AVENUE** **TARPON SPRINGS, FL 34689**	

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

0000 - Initial Comments

Assisted Living Facility

A follow up visit to an abbreviated biennial re-licensure survey was conducted at Brookdale Tarpon Springs on 6/30/17. Brookdale Tarpon Springs had no deficiencies at the time of the visit.

(License # 9009).