

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965700	(X3) DATE SURVEY COMPLETED R 09/20/2017
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

A Desk Review was conducted on 09/20/17 for follow-up to the Relicensure survey at Maple Leaf Assisted Living Facility, License #10059. The facility had no uncorrected or new deficiencies at the time of the desk review.