STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965361	R **10/24/2017**
NAME OF PROVIDER OR SUPPLIER **EAST LAKE MANOR, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **722 EAST LAKE ROAD** **TARPON SPRINGS, FL 34688**	

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

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 10/24/17 to an abbreviated biennial re-licensure survey of 10/05/17. At the time of the desk review, it was determined that the previously cited deficiency was corrected.

(License # 9773)