

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964456	(X3) DATE SURVEY COMPLETED 01/10/2018
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 Complaint Survey (CCR#: 2017014445) conducted on 01/09/2018 and 01/10/2018 at Brookdale Tarpon Springs found no deficiencies at the time of the survey. (License#: 9009)		