STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969330	**02/06/2018**
NAME OF PROVIDER OR SUPPLIER **MARKET STREET EAST LAKE**	STREET ADDRESS, CITY, STATE, ZIP CODE **833 EAST LAKE ROAD N** **TARPON SPRINGS, FL 34688**	

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

0000 - Initial Comments

Assisted Living Facility

On 2/6/18, an Initial State Licensure survey with Initial Limited Nursing Services (LNS) was conducted at Market Street East Lake Assisted Living Facility. No deficiencies were identified during the survey.