STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910784	**03/21/2018**
NAME OF PROVIDER OR SUPPLIER **ST MARK VILLAGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2655 NEBRASKA AVENUE** **PALM HARBOR, FL 34684**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation (CCR 2018000980) was conducted at St. Mark Village on 3/21/18. St. Mark Village had no deficiencies at the time of the investigation.

(License #5340)