STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968170	R **04/12/2018**
NAME OF PROVIDER OR SUPPLIER **SUNSET HARBOR ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **522 DORIC CT** **TARPON SPRINGS, FL 34689**	

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

0000 - Initial Comments

A second revisit was conducted on 4/12/18 for Sunset Harbor Assisted Living Facility. The deficient practice previously cited on
12/7/17 was corrected during the revisit.

License #12109