STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965700	**06/04/2018**
NAME OF PROVIDER OR SUPPLIER **MAPLE LEAF ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **24 MEAD PLACE** **STUART, FL 34997**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR #2018003937, was conducted on 06/04/18 at Maples Leaf Assisted Living Facility at Fisherman's Cove, Inc, License #10059. The facility had no deficiencies at the time of the survey.