STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966476	R **10/01/2018**
NAME OF PROVIDER OR SUPPLIER **CLARKE'S ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **48 EMERSON DRIVE NW** **MELBOURNE, FL 32907**	

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

0000 - Initial Comments

10/1/18 desk review conducted to Relicensure survey with Limited Mental Health. Clark's Assisted Living had no deficiencies at the time of the review.