STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964456	**10/05/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE TARPON SPRINGS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1651 SOUTH PINELLAS AVENUE** **TARPON SPRINGS, FL 34689**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation (CCR 2018013032 and 2018013367) was conducted at Brookdale Tarpon Springs on 10/5/18. Brookdale Tarpon Springs had no deficiencies at the time of the investigation.

(License #9009)