

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/03/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966476	(X3) DATE SURVEY COMPLETED R 04/18/2019
NAME OF PROVIDER OR SUPPLIER CLARKE'S ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 48 EMERSON DRIVE NW PALM BAY, FL 32907	

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

0000 - Initial Comments

A second revisit to Complaint Investigation #2018015144 was conducted at Clarke's Assisted Living with Limited Mental Health (LMH) on 4/18/2019, (License #10686). Deficiencies were found to be corrected at the time of the survey.