STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968170	**05/22/2019**
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 monitoring visit for compliance with the emergency power plan was conducted on 5/22/19 at Sunset Harbor ALF, an Assisted Living Facility.

There were no deficiencies found at the time of the visit.