STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965700	R **06/07/2019**
NAME OF PROVIDER OR SUPPLIER **MAPLES LEAF ASSISTED LIVING FACILITY AT**	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

A revisit to the biennial Relicensure survey was conducted by desk review on 06/07/19 for Maple Leaf Assisted Living Facility on 06/07/19. The previously cited deficiency was found corrected at the time of the survey.