STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969330	**12/11/2018**
NAME OF PROVIDER OR SUPPLIER **MARKET STREET EAST LAKE**	STREET ADDRESS, CITY, STATE, ZIP CODE **833 EAST LAKE ROAD N** **TARPON SPRINGS, FL 34688**	

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

0000 - Initial Comments

Assisted Living Facility

A Complaint Survey (CCR#: 2018014197) was conducted at Market Street East Lake Assisted Living Facility on 12/11/18. There was no deficient practice identified at Market Street East Lake Assisted Living Facility at the time of the survey.

(License#: 13131)