

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966340	(X3) DATE SURVEY COMPLETED 02/03/2015
NAME OF PROVIDER OR SUPPLIER Lexington Manor Assisted Living	STREET ADDRESS, CITY, STATE, ZIP CODE 20480 Veterans Blvd Port Charlotte, FL 33954	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments

Specific Tag Findings:

An unannounced Biennial and Limited Nursing Services survey was conducted on 2/2/2015 and 2/3/2015 at Lexington Manor Assisted Living, an Assisted Living Facility in Port Charlotte, Florida.

There were no deficiencies cited during this survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 13, 2015

Administrator
Lexington Manor Assisted Living
20480 Veterans Blvd
Port Charlotte, FL 33954

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on February 2 through 3, 2015 by representatives of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

A handwritten signature in black ink, appearing to read "Jon Seehawer".

Jon Seehawer, RN
Acting Field Office Manager

JS:ec
Enclosure: State Form

