AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968729	**10/10/2016**
NAME OF PROVIDER OR SUPPLIER **THE MANOR AT LAKE JACKSON**	STREET ADDRESS, CITY, STATE, ZIP CODE **2301 US 27 S** **SEBRING, FL 33870**	

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

0000 Initial Comments

Assisted Living Facility

An unannounced Biennial licensure survey was conducted on 10/10/16.

The Manor at Lake Jackson - Memory Care, LLC, Assisted Living Facility (License #12574), had no deficiencies at the time of this visit.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 21, 2016

Administrator
The Manor At Lake Jackson
2301 Us 27 S
Sebring, FL 33870

Dear Administrator:

This letter reports findings of a biennial state licensure survey that was conducted on October 10, 2016 by representative(s) 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

Paul M Brown

FOR Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State

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