STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968729	**01/12/2017**
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

A capacity increase survey was conducted at The Manor At Lake Jackson assisted living facility on 1/12/2017. The Manor at Lake Jackson, Assisted Living Facility, had no deficient practice identified during survey. A recommendation for a capacity increase is being made at this time.

(License # 12574)

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 25, 2017

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

Dear Administrator:

This letter reports findings of a capacity increase survey that was conducted on January 12, 2017 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 **Teresa Ryan**, RNC, at (727) 552-2000.

Sincerely,

Teresa Ryan RN
Patricia Reid Kaufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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