STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967788	**03/15/2017**
NAME OF PROVIDER OR SUPPLIER **ARBOR OAKS AT LAKELAND HILLS**	STREET ADDRESS, CITY, STATE, ZIP CODE **4141 LAKELAND HILLS BLVD** **LAKELAND, FL 33805**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced complaint survey, (CCR# 2016014801), was conducted on 3/15/17.

The Arbor Oaks at Lakeland Hills, Assisted Living Facility, (License #11751), had no deficiencies at the time of this visit.