

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/14/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966804	(X3) DATE SURVEY COMPLETED 03/31/2017
NAME OF PROVIDER OR SUPPLIER STONE LEDGE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 12006 MCINTOSH ROAD THONOTOSASSA, FL 33592	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility On March 31, 2017, a complaint survey, (CCR# 2017000273), was conducted at Stone Ledge Manor ALF. No deficiencies were identified during the visit. (license # 11289)		