STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966340	**04/26/2017**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Limited Nursing Services survey was conducted 4/26/17 at Lexington Manor, an assisted living facility (license #10548) located in Port Charlotte, Florida.

No deficiencies were found at the time of the visit