

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968861	(X3) DATE SURVEY COMPLETED 04/20/2017
NAME OF PROVIDER OR SUPPLIER THE MANOR AT LAKE MORTON, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 522 E LIME ST LAKELAND, FL 33801	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A complaint investigation, (CCR# 2017003939), was conducted at The Manor at Lake Morton, LLC, (Lic. # 12732), on The Manor at Lake Morton, Assisted Living Facility, had a deficiency identified at the time of the visit. 0151 - Physical Plant - Existing Facilities - 58A-5.023(2) FAC Based on record review, observation and interview, the facility had not satisfactorily corrected all issues that had been identified during a fire safety inspection conducted in . . . , 2017. Findings included: A review of the facility's last two (2) fire safety inspection reports during the investigation found an "annual permitted" report from with two (2) violations and a revisit report from --both indicating a status of "failed." The specific concern outlined by the fire inspector was observed at approximately 11:40am on --referring to "unpermitted space located underneath the east rated stairwell, as well as penetrations in stairwell walls to the kitchen/laundry." Interview with the administrator at 12:15pm regarding the fire department's concerns indicated that she was aware of them and that her facility was in the process of addressing these issues. Class III		