

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965538	(X3) DATE SURVEY COMPLETED 05/15/2017
NAME OF PROVIDER OR SUPPLIER HAWTHORNE INN LAKELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 6150 LAKELAND HIGHLANDS ROAD LAKELAND, FL 33813	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility An extended congregate care (ECC) monitoring visit was conducted on 5/15/17. The Hawthorne Inn of Lakeland had no deficiencies identified at the time of the visit.		