

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968861	(X3) DATE SURVEY COMPLETED R 06/05/2017
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 Desk Review was conducted on 06/05/17. The deficient practice identified during complaint survey #CCR 2017003939 of 04/20/17 was corrected during the review. Lic # 12732		