

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911297	(X3) DATE SURVEY COMPLETED 05/30/2017
NAME OF PROVIDER OR SUPPLIER LAKEVIEW MANOR ASSISTED LIVING FACILITY, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5357 BROSCHÉ ROAD ORLANDO, FL 32807	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An initial Limited Mental Health (LMH) survey was conducted on 5/30/2017. Lakeview Manor Assisted Living Facility, license#4274, had no deficiencies at the time of the visit.