STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943056	**06/06/2017**
NAME OF PROVIDER OR SUPPLIER **LAKESIDE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **676 UNION STREET** **DUNEDIN, FL 34698**	

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

0000 - Initial Comments

Assisted Living Facility

A limited nursing services (LNS) monitoring visit was conducted on 6/06/17. Lakeside Manor, assisted living facility, had no deficiencies identified at the time of the visit.

(License # 8358)