STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910284	**06/29/2017**
NAME OF PROVIDER OR SUPPLIER **LEISURE MANOR ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **301 SOUTH MAIN AVENUE** **MINNEOLA, FL 34755**	

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

0000 - Initial Comments

On 6/29/2017 an unannounced Limited Nursing Services (LNS) monitoring survey was conducted at Leisure Manor, License #5456. The facility was in compliance at the time of the survey.