STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967173	**06/20/2017**
NAME OF PROVIDER OR SUPPLIER **SOUTHERN LIFESTYLE ALF OF LAKE PLACID**	STREET ADDRESS, CITY, STATE, ZIP CODE **1297 US 27 NORTH** **LAKE PLACID, FL 33852**	

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

0000 - Initial Comments

Assisted Living Facility

On 06/20/2017, a Limited Nursing Service (LNS) Monitoring Visit was conducted at the Southern Lifestyle ALF of Lake Placid. There were no deficiencies identified at the time of the visit.

(License # 11211)