STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911251	**06/30/2017**
NAME OF PROVIDER OR SUPPLIER **FLORIDA PRESBYTERIAN HMS, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **16 LAKE HUNTER DRIVE** **LAKELAND, FL 33803**	

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

0000 - Initial Comments

Assisted Living Facility

On 6/30/2017, an Extended Congregate Care (ECC) and a Limited Nursing Service (LNS) Monitoring Visit, was conducted at Florida Presbyterian Homes. Florida Presbyterian Homes, Assisted Living Facility, had no deficiencies identified at the time of the visit.

(License # 4790)