STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966804	R **08/04/2017**
NAME OF PROVIDER OR SUPPLIER **STONE LEDGE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **12006 MCINTOSH ROAD** **THONOTOSASSA, FL 33592**	

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

0000 - Initial Comments

Assisted Living Facility

A desk review to the complaint survey, (CCR# 2017003617), of 6/19/17 was conducted on 8/04/17. At the time of the desk review, it was determined that the previously cited deficiency had been corrected.

(License # 11289)