STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910011	R **08/08/2017**
NAME OF PROVIDER OR SUPPLIER **VILLA AT CARPENTERS (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1001 CARPENTER'S WAY** **LAKELAND, FL 33809**	

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

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 8/08/17 to the biennial state licensure survey with ECC of 7/19/17. At the time of the desk review at Villa at Carpenters, it was determined that the previously cited deficiencies had been corrected.

(License # 7373)