

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/24/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968995	(X3) DATE SURVEY COMPLETED 08/10/2017
NAME OF PROVIDER OR SUPPLIER LAKE HOUSE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1071 LAKE AVE NE LARGO, FL 33771	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility An unannounced Extended Congregate Care Monitoring survey was conducted on 8/10/17. The Lake House Assisted Living Assisted Living Facility /License #12827, had no deficiencies at the time of this visit.		