STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967173	**08/24/2017**
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 August 24, 2017, an abbreviated biennial re-licensure survey with limited nursing services (LNS) was conducted at Southern Lifestyle Senior Living Center, Assisted Living Facility, (formerly known as Southern Lifestyle ALF of Lake Placid). There was no deficient practice identified at the time of the visit.

{License # 11211}