STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966320	R **09/06/2017**
NAME OF PROVIDER OR SUPPLIER **NEW ERA ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **815 WEST DAUGHTERY RD** **LAKELAND, FL 33809**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit was conducted on 9/06/17 to the biennial state licensure survey with limited nursing services (LNS) and limited mental health (LMH) of 6/23/17, at New Era Assisted Living on 09/06/ 2017. Deficiencies were not identified at the time of the visit.

(license # 10535)