STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969225	**10/04/2017**
NAME OF PROVIDER OR SUPPLIER **LAKE GIBSON VILLAGE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **771 CARPENTERS WAY** **LAKELAND, FL 33809**	

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

0000 - Initial Comments

Assisted Living Facility

On October 4, 2017, an initial state licensure survey was conducted at Lake Gibson Village, LLC. There was no deficient practice identified during the survey. A recommendation for a Standard license is being made at this time.

(License # pending)